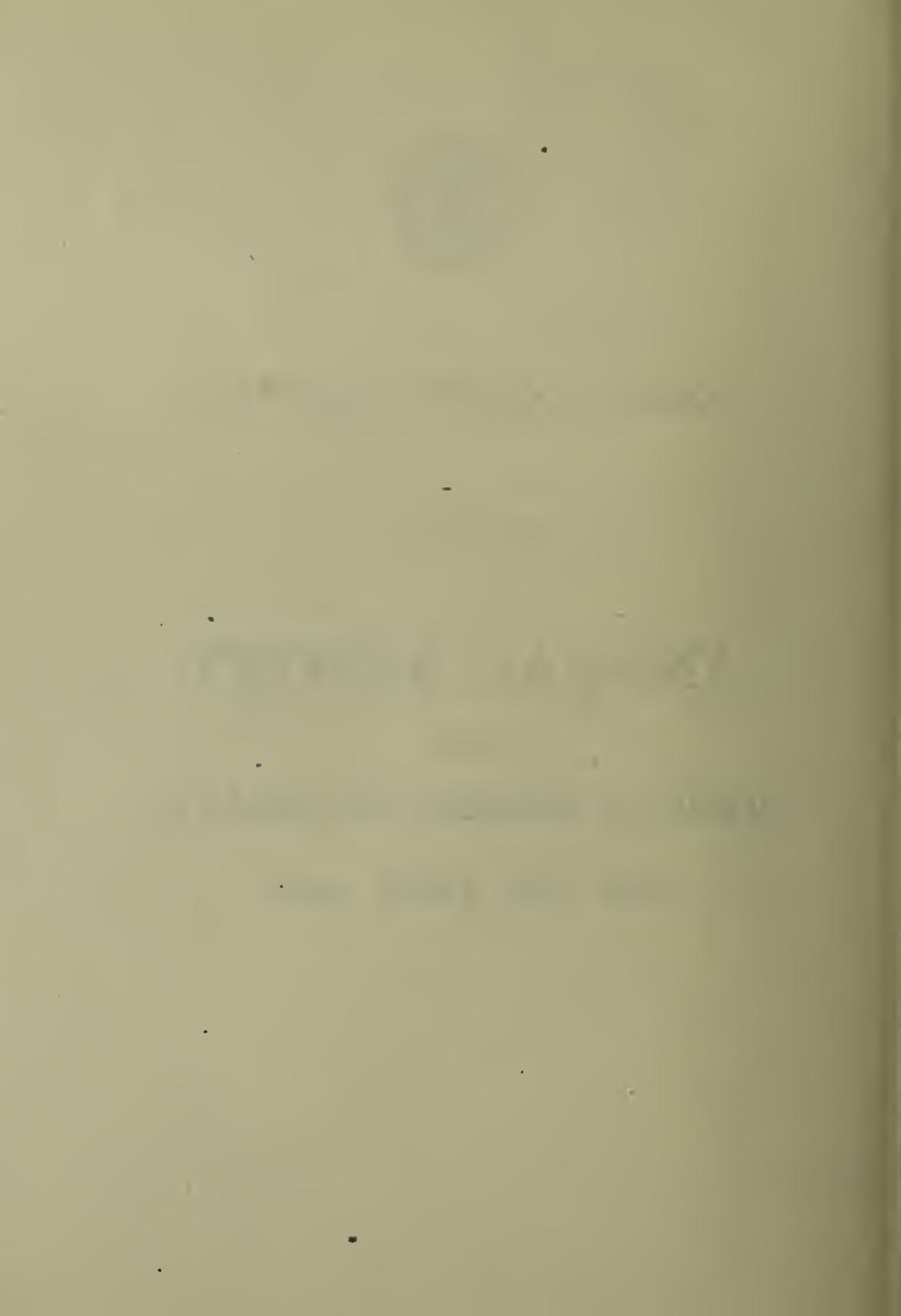




DORSET COUNTY COUNCIL.



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR 1946.



CONTENTS.

FOREWORD.

The most important event in 1946, from a Public Health point of view, was the passing of the National Health Service Act. This was greeted by medical officers of health with mixed feelings, as, although many of the reforms are overdue, local authorities are to lose some of the services, including the municipal hospital and the pathological laboratory services, of which they are most proud. Nevertheless, there is still great scope for Health Authorities to play a most important part in building up the health of the nation, and opportunity remains to apply the science of social medicine to the study of all the factors relating to the positive health and well being of the individual, and to the development of a social service which will assist all persons, especially those who are mentally or physically handicapped, to adapt themselves to the best advantage within the framework of the community.

In so far as the work of the Medical Department of the Dorset County Council is concerned, I should like to draw attention to the steady progress made in building up an efficient and acceptable maternity and child welfare service. At the ante-natal clinics Wasserman and Rhesus testing is now a routine, and various innovations have been made, including exercises for expectant mothers and the showing of instructional films. Plans for greatly expanding the maternity bed accommodation in the County have been approved, but delays in completing adaptations and building works are likely to be considerable.

Relations with the County Nursing Association continue to be most happy, and the County Nursing Superintendent has given most effective assistance with the day to day administration of the work of the health visitors.

The County Laboratory, under the able direction of the County Pathologist, continues to provide a very valuable service to local hospitals, medical practitioners, and public authorities. The increase in the volume of work undertaken is merely one of the indications that laboratory medicine now plays a most important part in maintaining the health of the public.

The establishment of a County Sanitary Officer's section in the Medical Department has widened the scope of the work which is connected with environmental hygiene. As an instance of this the County Council approved the proposal that a comprehensive survey of Rivers Pollution in Dorset should be undertaken. Useful collaboration has already been achieved with the officers of the sanitary authorities, and it is hoped that they will continue to regard this new section as one which can be helpful to them.

My thanks are due to all the members of the staff of the medical department, professional, technical and clerical, who have helped to make the year one of satisfactory progress; in particular, I am indebted to Dr. Leonora S. Evans, Assistant County Medical Officer for Maternity and Child Welfare, and to Mr. H. L. Hutchings, Chief Clerk, for their help in the compilation of this report.

COUNTY HALL,

J. W. P. THOMPSON, M.A., M.B., D.P.H.,

DORCHESTER.

County Medical Officer.

OCTOBER, 1947.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

County Medical Officer of Health.

STALLYBRASS, THEODORE WILLIAM (retired 31.12.46) ... M.D., D.P.H., Barrister-at-Law.

Deputy County Medical Officer.

THOMPSON, JOHN W. P. M.A., M.B., D.P.H.

County Pathologists.

COOPER, THOMAS VALENTINE M.B., B.S.

ARCHIBALD, SIR ROBERT GEORGE, C.M.G., D.S.O. ... M.D.

Clinical Tuberculosis Officer.

CLARK, ARNOLD M.D., M.R.C.P.

Public Health Officers of the Authority—*continued.*

Assistant County Medical Officers.

EVANS, LEONORA	...	...	...	...	M.R.C.S., L.R.C.P., D.P.H.
HAYES, JOHN BERTRAND	...	...	...	...	M.R.C.S., L.R.C.P.
BLAKER, PERCY S.	...	...	...	...	M.R.C.S., M.R.C.P., D.P.H.
SCOTT, GILBERT BODLEY	...	...	...	...	M.R.C.S., L.R.C.P.
O'KEEFFE, EDWARD J. (also M.O.H., Wareham Borough, Swanage Urban and Wareham Rural Districts)	...	...	...	...	M.R.C.S., L.R.C.P., D.P.H.
PAISLEY, JOHN CARSON (also M.O.H., Portland Urban District)	...	...	...	...	M.B., B.C.H., D.P.H.
ARMIT, ADAM (also M.O.H., West Dorset Districts)	M.B., C.H.B., D.P.H.

Orthopaedic Surgeon.

FORRESTER-BROWN, MAUD FRANCES	M.S., M.D.
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Medical Superintendent, Portwey Hospital.

DEAR, JAMES DUNCAN	M.B., C.H.B., D.P.H.
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County Nursing Superintendent.

RANKLIN, MISS IRENE FLORENCE	S.R.N., S.C.M., H.V. CERT.
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Assistant Nursing Superintendents.

DAY, MISS ALLEYNE	S.R.N., S.C.M., H.V. CERT.
HEATHER, MISS GWENDOLINE	S.R.N., S.C.M., H.V. CERT.

Orthopaedic Sister.

MORRIS, MISS JOYCE MARGARET	C.S.P.
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Clinic Sister and Tuberculosis Visitor.

BURNETT, MISS FLORENCE MARION	S.R.N., S.C.M.
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Assistant Clinic Sister and Radiographer.

PENN, MRS. JESSIE	S.R.N.
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Health Visitors.

READ, MISS L. M.	S.R.N., S.C.M., H.V. CERT.
KEOHANE, MISS M.	S.R.N., S.C.M., H.V. CERT.
TRUSCOTT, MISS M.	S.R.N., S.C.M., H.V. CERT.
EDWARDS, MISS A.	...	...	...	...	S.R.N., S.C.M., H.V. CERT.
JORGENSEN, MISS P. K.	...	...	...	...	S.R.N., S.C.M., H.V. CERT.
HODGE, MISS O'BRYEN	...	...	...	...	S.C.M., H.V. CERT.
WHEELER, MISS C. R.	...	...	...	...	S.R.N., S.C.M., H.V. CERT.
CLACK, MISS K. D.	...	...	...	...	S.R.N., S.C.M., H.V. CERT.
MACK, MISS O.	...	...	...	...	S.R.N., S.C.M., H.V. CERT.
CRISP, MISS I. M.	...	...	...	...	S.R.N., S.C.M., H.V. CERT.
CORDINGLEY, MISS V.	...	...	...	...	S.R.N., S.C.M., H.V. CERT.
FOWLES, MISS I. M. (deceased 9.9.46)	...	...	...	...	S.R.N., S.C.M., H.V. CERT.

Matrons of County Sanatoria.

HOE, MISS D. B. J. (Dorset County Home).	...	...	...	S.R.N.
CALLION, MISS M. (Beckford Orthopaedic Hospital)	S.R.N.

Matron, Portwey Hospital.

BROWN, MISS E.	S.R.N.
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County Sanitary Officer.

LLOYD, MR. E. H.	L.R.I.B.A., M.R.SAN.I., M.S.I.A.
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Assistant County Sanitary Officer.

PARRY, MR. A. H.	M.R.SAN.I., M.S.I.A.
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Clerical Staff.

MATTHEWS, MR. C. E.	Chief Clerk.
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VITAL STATISTICS AND GENERAL HEALTH OF THE COUNTY (*Tables I and II*).

The practice begun two years ago, of collecting all the statistical information into tables at the end of the report, is continued. The figures of ten years ago are included, together with those of the last five years. It is hoped that in this way gradual changes in the vital statistics will be more apparent than if only one set of figures is published.

There was nothing unusual in 1946 about the incidence of disease or about the birth and death rates. The total number of births, which was nearly fifty per cent more than in 1936, reflected the rise in the birth rate which has occurred all over the country. Such a large increase obviously results in more work for the midwives and health visitors, and increased attendances at clinics.

The total number of deaths has not increased to anything like the same extent as the births. Whilst the number of deaths from cancer remains about the same, a larger number of people are dying from heart disease and cerebral haemorrhage. This is obviously to be expected with an ageing population.

INFECTIOUS DISEASE (*Tables III and VIII*).

There was no epidemic of any importance during the year. The influence of diphtheria immunisation can be seen from the fact that in 1936 there were 220 notified cases of diphtheria, whereas in 1946 there were only 20.

During the year the Government Lymph Establishment was closed down, and arrangements were made for supplies of vaccine lymph to be kept in a special sub-zero refrigerator in the County Laboratory, and distributed to Public Vaccinators throughout the County as required.

Diphtheria Immunisation. The Ministry of Health placed the responsibility of immunising children under school age on Welfare Authorities at the beginning of the year. The County Council's scheme was not brought into full operation until April 1st. The duty of seeing that as many young children as possible are immunised was placed on the health visitors, and such children are inoculated at Welfare Centres and at the surgeries of general practitioners. Good progress was made. Details of all immunisations performed under the County scheme are forwarded for statistical purposes to the Medical Officers of Health of the County Districts, who make up the half-yearly returns to the Ministry of Health. A summary of these returns is given in Table VIII.

It would be appropriate here to pay tribute to the excellent work done in the past by most of the District Councils, the Medical Officers of which succeeded in obtaining very satisfactory results. The fact that the County Council is now responsible for the work does not mean that the need for collaboration with the Sanitary Authorities is any less necessary than it was in the past.

MATERNITY AND CHILD WELFARE (*Table IV*).

The figures refer to the County area, excluding the Boroughs of Poole and Weymouth, which are independent Welfare Authorities.

Births. The number of illegitimate births which has been causing concern in the last few years fell considerably in 1946. The figure, however, is still nearly three times what it was ten years ago.

Premature Infants. The total number of infants who were notified as being born prematurely was 154. The subsequent history of the infants can be seen from the following particulars :—

A.	Number of premature infants born at home	...	...	...	...	...	...	67
"	"	"	"	"	and nursed entirely at home	...	...	62
"	"	"	"	"	(1) who died during the first 24 hours	...	...	6
"	"	"	"	"	(2) who died during the first month	...	...	11
"	"	"	"	"	(3) who survived at the end of one month	...	...	56
B.	Number of premature infants born in hospitals or nursing homes	...	...	...	...	...	...	87
"	"	"	"	"	"	"	(1) who died during the first 24 hours	14
"	"	"	"	"	"	"	(2) who died during the first month	19
"	"	"	"	"	"	"	(3) who survived at the end of one month	68

Thus, of the 154 premature infants born in 1946, thirty, or 19.4%, died during the first month of life. These deaths were nearly one-third of the total number of deaths of children under one year of age—a striking demonstration of the wastage of life caused by prematurity. It seems highly probable that a number of lives could have been saved if there had existed in the County a hospital unit to which premature infants could be admitted and given the specialised care they need.

Maternal Deaths. All the five mothers who died lived in rural districts. Four died in hospital and one at home. One death was due to ante-partum haemorrhage caused by placenta praevia, one to eclampsia, and three to toxæmia of pregnancy.

Midwives. The County Nursing Association, as heretofore, is responsible for the midwifery service, which continues to run smoothly and efficiently. Close co-operation exists between the Association and the Medical Department of the County Council, and this is aided by the fact that the County Nursing Superintendent's office is in the Department. It is pleasing to be able to draw attention to the happy relationship existing between the local authority and the voluntary association.

It is a matter of note that no maternal deaths occurred during the year amongst the mothers attended in their own homes by the County Nursing Association's midwives.

The County Nursing Superintendent is also the Superintendent Health Visitor. For some time past it had been evident that the supervision of both the midwives and the health visitors was beyond the capacity of the Superintendent with but one assistant. The large increase in the number of births in 1946 brought matters to a head, and the County Council readily agreed to pay the salary of a second assistant. This has enabled the Superintendent to give more time to the scrutiny of the health visitors' reports, with consequent benefit to the service generally.

Gas and Air Analgesia. The number of midwives qualified to administer gas and analgesia at the end of 1946 was as follows :—

(i) Domiciliary	...	18
(ii) Institutional	...	3

The number of mothers who had the benefit of this form of analgesia administered by the domiciliary midwives was 117.

Training is proceeding steadily, and it is hoped that it will not be long before all the midwives will have completed the prescribed course. The relief which gas and air analgesia effects during labour is welcomed by the great majority of pregnant women, and undoubtedly lessens the dread of their confinement which is frequently present in the minds of expectant mothers, especially primigravidae.

Ante-and Post-Natal Care. No change has been made during the year in the County scheme for ante-and post-natal care, which includes advice at ante-natal clinics, or under the General Practitioner Scheme for uninsured women. A reference to Table IV shows that the number of women receiving this care has increased in 1946, both at clinics and by general practitioners under the County Scheme.

Facilities available in connection with this service include dental treatment, orthopaedic treatment, the services of the County Laboratory and the provision of welfare foods at cost price. It is worth noting that at the clinics attended by the Assistant County Medical Officer for Maternity and Child Welfare, Wasserman and Rhesus testing is carried out as a routine measure.

The value of the clinics as a link between general medical practitioners and the Public Health services becomes increasingly evident year by year and the excellent co-operation which exists in most areas between the local doctors and the medical officers at the clinics is certainly to the advantage of maternity patients, whether under the care of their own doctors or attending ante- or post-natal clinics.

The number of women who attend ante-natal clinics to ask for advice on the treatment of sterility and infertility has shown a marked increase during 1946, and successful results have been obtained in some instances following the referral of the patients concerned to the appropriate specialists.

The number of patients attending clinics for post-natal examination has been higher than in former years but is far from satisfactory. Much improvement cannot be expected until separate post-natal clinics have been established at the larger maternity and child welfare centres where these patients would be seen by appointment and thus avoid waiting time.

Dr. Leonora Evans, Assistant County Medical Officer for Maternity and Child Welfare, makes the following suggestion for improving the care given to expectant mothers :—

" In reviewing the maternity and child welfare services of the County area, one is forced to the conclusion in the light of experience that one highly important and indeed almost essential service is omitted, that is, a rest and convalescent home for mothers where, accompanied by their young children, if necessary, they could be relieved for short periods of the stress and strain of their daily toil.

" Over and over again the need for such a home arises. For instance, patients requiring rest and care during the ante-natal period repeatedly refuse in-patient treatment at hospital simply because they cannot leave their children. In cases where breast-feeding is failing due to fatigue and household worries, a short time at a rest home would restore the mother to normality both physical and mental, much to the advantage of the whole family as well as to the patient herself."

Dental Treatment for Expectant and Nursing Mothers. Under the present scheme expectant and nursing mothers are referred to dental surgeons of their own choice, who are authorised by the County Medical Officer to carry out treatment and/or to supply dentures, provided an estimate, which is in accordance with an approved scale of charges, is submitted.

In practice, this scheme is not wholly satisfactory as only approximately one-third of the patients recommended for treatment accept it, due either to delay in making arrangements until too late in pregnancy for treatment to be practicable, or to difficulties of transport and the time involved away from domestic duties.

Dental sessions run concurrently with ante-natal clinics in the same building would probably overcome most of these difficulties.

Maternity Beds. The number of maternity patients admitted to hospitals for confinement under the County Scheme was 364, compared with 337 in 1945. One hundred and eighty-three patients were admitted because of unsuitable home conditions, chiefly overcrowding; two mothers had no one to look after them at home, and 179 were admitted on medical grounds.

Pressure on existing maternity beds throughout the County was very heavy. No additional beds became available during the year, but plans to increase accommodation were carried several stages further.

In Dorchester, the premises known as " Somerleigh Court," came into possession of the County Council on January 1st, 1946. Plans for the conversion of the building into a maternity home were drawn up, and agreed by the County Council and the Dorset County Hospital. The plans, however, were returned by the Ministry of Health with certain proposed amendments. These proposals were carefully examined by the County Council and the Dorset County Hospital, and revised plans were returned to the Ministry, where they were still being considered at the end of the year.

While these protracted negotiations were continuing, a very valuable expansion of the maternity accommodation at the Dorset County Hospital was made possible by bringing into temporary use as a maternity annexe the house known as " The Gables," which the Public Assistance Committee was good enough to lend for the purpose. This can take up to twenty maternity cases, and the willingness of the hospital to co-operate with the County Council has made it possible to accept the applications of a large number of mothers for maternity beds.

In Weymouth work was commenced on the maternity unit at Portwey Hospital, which was mentioned in the last report, but owing to the difficulty in obtaining all the fixtures and equipment required, it was not expected that the unit would be completed much before the middle of 1947.

In Swanage there are no institutional maternity beds except in nursing homes. During the year the attention of the County Council was drawn by local organisations to the needs of the town in this respect, and negotiations were entered into with the Board of Management of the Swanage Cottage Hospital, with a view to the establishment of a small maternity unit of six beds in a prefabricated hut, which it was proposed should be erected in the grounds of the hospital. Agreement was reached with the hospital and plans were ready for submission to the Ministry of Health before the end of the year.

In Bridport there is a small maternity annexe of two beds in the Cottage Hospital. For some years past the hospital has found it impracticable to admit other than emergencies to this annexe. As in Swanage, the local residents have put the needs of the town before the County Council, and during the year discussions took place between representatives of the County Council and of the Board of Management of the Bridport Cottage

Hospital. It was at first suggested that the County Council should assist the hospital to carry out some much needed extensions, including the provision of a new maternity annexe. This proposal failed, however, because of the amount of new building that was going to be required. Efforts were then made to find a suitable house in the town for conversion into a maternity home, and eventually it was decided to accept the offer of the Bridport Borough Council to lease the property known as "Allington Court." Plans to convert this house into a maternity home with six beds were forwarded to the Ministry of Health at the end of the year.

In Wimborne there have been no maternity beds since the Victoria Cottage Hospital closed their small maternity ward some years ago. It has become increasingly difficult for residents in the Wimborne area to obtain maternity accommodation in either Poole or Bournemouth, and to ease the situation the Board of Management of the Victoria Cottage Hospital decided in 1946 to buy "Stone Park," a large house situated close to the hospital. The County Council resolved to support the action of the Cottage Hospital and to urge the Ministry of Health to permit the adaptation of the building into a maternity home.

It can be seen from the foregoing remarks that the year was one of great activity in planning to meet the undoubted needs of the County for maternity beds. It remains to be seen whether, when all these new maternity homes and units have been constructed, adequate staff will be forthcoming to enable the functions for which they are intended to be carried out.

Obstetric Consultants. During the year the attention of the County Council was drawn to the fact that there is no consultant obstetrician in practice in the Dorchester-Weymouth area, and that one of the local non-specialist consultants, Mr. Lister Horton, no longer lives in that part of the County. With the establishment of new maternity units in several parts of the County, including four within a radius of fifteen miles from Dorchester, there will obviously be a need for the services of a surgeon of consultant status. The Weymouth Borough Maternity and Child Welfare Committee have also been concerned about this matter. Towards the end of 1946 a conference was held, attended by representatives of the local voluntary hospitals and of the two welfare authorities concerned. It was generally agreed that an obstetric and gynaecological surgeon should be appointed to work in the Weymouth, Dorchester, Bridport and Sherborne areas, but there was a difference of opinion as to whether the appointment should be on a whole-time or part-time basis. The representatives of the voluntary hospitals took the view that the appointment should be a whole-time one, but the County Council's representatives thought that a part-time appointment, with permission to engage in private practice, would be more suitable. No decision was reached and the matter has been left in abeyance.

Mother and Baby Homes. The arrangements made with the Salisbury Diocesan Association for Moral Welfare for the admission of unmarried mothers to St. Monica's Maternity Home, continues to be satisfactory, and fifteen unmarried Dorset mothers were admitted to this home for confinement in 1946.

As a general rule the expectant mothers go into the home a month before the expected date of confinement and remain there with their babies for two or three months afterwards, during which period they are trained in mothercraft and housewifery.

Child Welfare Centres. The number of children attending the Child Welfare Centres remained about the same as in 1945, in spite of the return of evacuees to their homes. The increasing popularity of these centres with the public can be judged from the fact that compared with ten years ago the number of infants under one who attended was increased by more than 100 per cent.

Services available for children attending child welfare centres include dental treatment, orthopaedic treatment, attendance at sight-testing centres, hospital treatment for ear, nose and throat conditions, immunisation against diphtheria, and the provision of welfare foods at cost price.

The campaign for immunisation against diphtheria has been successful in all areas and has been greatly facilitated by the conveyance to the clinics of young children from outlying districts by means of the Hospital Car Service.

During the year educational films were shown at Child Welfare Centres where suitable halls were available, and were much appreciated by the mothers.

It had been hoped to continue the cookery demonstrations of former years, but unfortunately, these had to be postponed owing to shortage of trained staff. Welfare foods provided at the centres at cost price are ordered, where possible, from local chemists, whose co-operation is appreciated.

Health Visiting. Over the course of the last few years the work of the health visitors has grown, and it became doubtful if the existing establishment of twelve was adequate. The only official advice regarding the "case load" which should be carried by health visitors is contained in the report on Infant Mortality, published some years ago by the Department of Health for Scotland. In this the recommendation is made that a health visitor with six half-days free for home visiting should not be required to supervise more than five hundred children under five years of age, this figure being modified if school nursing and tuberculosis visiting, or other special visiting, are included in the duties. In Dorset, with an establishment of twelve health visitors, the "case load" averaged 750. In addition to school nursing the tuberculosis visiting is very important at the present time when so many patients who should be in sanatoria are being nursed at home. The number of tuberculous patients who have to be visited is now very nearly twice what it was before the war.

It is obviously important with an ageing population to do everything possible to safeguard young lives, and if the staff were available still greater efforts could be made to prevent stillbirths and to reduce infantile mortality. In England and Wales the infantile mortality rate for 1946 was 43, and in Dorset the rate was 35, but it should not be impossible in a healthy rural area to reduce the rate to somewhere in the neighbourhood of 20.

At the end of 1946 the County Council approved the suggestion that an additional health visitor should be appointed for the Sturminster Newton area. This has since enabled a reduction to be made in the "case loads" of the Shaftesbury, Blandford and Wimborne Health Visitors, who had respectively 988, 881, and 973 infants under five to visit, quite apart from school nursing, tuberculosis visiting, and attendances at ante-natal clinics and child welfare centres.

Child Life Protection. There has been no change in the administration of this service during 1946.

Nursing Homes. At the end of the year there were 12 registered homes in the County area. All are inspected periodically by the County Staff.

Treatment of Children. From the figures shown in Table IV under the above heading, it is seen that there has been a substantial increase in the number of young children attending orthopaedic clinics due, fortunately, to the fact that parents are becoming increasingly observant of minor postural defects in their children, and also to the keenness of doctors, midwives and health visitors in referring cases of minor degrees of deformity to the clinics.

Adoption of Children. There are no fresh developments to report under this section.

THE COUNTY LABORATORY (*Table VII*).

The work undertaken at the Dorchester Laboratory showed a considerable increase on former years. There is not the slightest doubt that this is an exceedingly useful and popular service, both with the hospitals and with general medical practitioners. The County Pathologist, in addition to his duties at Portway Hospital, Weymouth, is on the honorary staff of the Weymouth and District Hospital, the Dorset County Hospital, and The Yeatman Hospital, Sherborne. During the year plans were made for the operation of side-room laboratories in the Weymouth and District Hospital and The Yeatman Hospital. Such facilities already exist at Portway Hospital.

In addition to hospital pathology, public health bacteriology is undertaken at the County Laboratory, and it has been evident for some time that in order to meet all the demands of the hospitals, medical practitioners, local authorities, and coroners, the appointment of an assistant pathologist was a necessity. Towards the end of the year the approval of the County Council was obtained to the making of such an appointment, and it should now be possible for the County Pathologist or his assistant to visit the hospitals at regular intervals and consult with members of the medical staffs at the bedside. It will also be easier to meet the demands of coroners for the services of a skilled pathologist to undertake difficult autopsies.

From September 1st, 1946, a blood bank has been maintained at the County Laboratory in conjunction with the Regional Blood Transfusion Service of the Ministry of Health. Supplies of blood can be despatched at short notice to hospitals by rail or 'bus, but it would be an obvious improvement if the laboratory had the use of a small van for this purpose. The County Pathologist has reported that this service is being very widely used and that it greatly increases the responsibilities of the technicians. The care which is taken in grouping and cross-matching can be judged from the fact that no serious reaction has yet occurred, in spite of the many blood transfusions which have been given.

The free distribution of penicillin by the Government came to an end on the 1st June, 1946, and this substance is now available through ordinary trade channels. During the period when supplies of penicillin were controlled, and the allocation of the drug in Dorset was largely undertaken by the County Pathologist, approximately 500,000,000 units passed through the County Laboratory. The thanks of the Ministry of Health have been expressed for the care taken to ensure that distribution was efficient and equitable.

TUBERCULOSIS (Table VI).

As can be seen from the table the figures relating to incidence and mortality show little change. The Medical Officer of Health of the Shaftesbury Rural District Council comments on the rather alarming increase in the number of notifications in that district, but this appears to be a purely local phenomenon. The attendance at the dispensaries continues to rise, but this, of course, is partly due to the fact that local practitioners are making more use of the dispensaries for diagnostic purposes than in past years. A large number of the patients who are sent for an opinion are found to be suffering from diseases other than tuberculosis.

The difficulty of obtaining nursing staff for the Dorset County Home and Beckford Orthopaedic Hospital has been extreme and beds have remained empty at both institutions because of lack of nurses. In order to give a much needed respite to as many members of the staff of the County Home as possible, all patients who could safely be moved were sent home for a month during the summer. It was only by adopting this procedure that a number of the nursing and domestic staff could have the holidays which were due to them. One of the many disadvantages of a small sanatorium is the fact that it is not recognised as a training school for nurses, consequently there is nothing to offer probationers, even if they could be obtained, except hard work and a small salary.

Appointment of Chest Consultant. During the year the County Council recognised the need for the appointment of a Chest Consultant to whom the Tuberculosis Officer and medical practitioners could refer difficult cases for advice as regards diagnosis and treatment. Dr. A. Clark, who had previously been Tuberculosis Officer in Dorset for ten years, was appointed to this post in a part-time capacity. Dr. Clark's work as Chest Consultant is facilitated by the fact that he is a physician on the staff of two general hospitals in the County.

VENEREAL DISEASE (Table V).

Presumably as a result of the aftermath of war and the discharge of men from the forces there was a considerable increase in the number of patients suffering from venereal diseases. As regards syphilis, the increase is largely accounted for by the number of new cases dealt with at the Poole Clinic, which is now well established and meeting local needs.

The number of notifications under Regulation 33B was considerably less than in 1945, but two women were prosecuted for failing to obtain treatment after having been required by notice to attend a clinic. The Bench took a serious view of the offence in both cases.

HEALTH EDUCATION.

As in previous years, the assistance of the Central Council for Health Education was sought in connection with the dissemination of information about matters relating to health. Lectures and film shows were given in several towns in the County, particular attention being paid to youth clubs and similar organisations.

The Ministry of Information was helpful in arranging for the showing of Health Education films in schools, welfare centres, and ante-natal clinics.

HOSPITAL ACCOMMODATION.

Portway Hospital, Weymouth. From April 1st, 1946, the reservations of E.M.S. beds by the Ministry of Health was reduced from 100 to 60.

The difficulties involved in maintaining this general hospital as an efficient unit became very serious towards the end of the year. The main trouble was shortage of nurses. The hospital is not recognised as a training school, and consequently it was not possible to employ probationers or student nurses, by whom a large part of the ordinary routine nursing duties are undertaken in hospitals which offer training facilities. During the war and for about a year afterwards there was not only direction of nurses, but it was possible to draw on the Civil Nursing Reserve both for trained nurses, and also for nursing auxiliaries, who corresponded more or

less to probationer nurses. Members of the Civil Nursing Reserve were permitted to resign during the early part of 1946, with the result that hospitals such as Portwey were left with very few nurses on the permanent staff. The natural consequence was that instead of being able to fill the 150 beds available, only about fifty patients could be nursed at any one time. Furthermore, the nurses that were available were mostly fully trained, and eligible for the higher salaries payable under the recommendations of the Rushcliffe Committee.

The position was summed-up in a leading article which appeared in the *Lancet* early in 1947 :—

“ To a large extent the immediate crisis is a crisis of distribution. In recent years the number of nurses entering and qualifying has risen steadily (though not sufficiently), and the great majority of voluntary hospitals have managed to increase their intake so as to provide for the higher nurse-patient ratios demanded by the 96-hour fortnight and other measures accepted as necessary if nursing is to come into line with current ideas. Many voluntary hospitals indeed still have waiting lists of candidates. Almost the whole weight of the crisis, therefore, has fallen on Local-Authority Hospitals. For these the special recruitment campaigns have proved of little avail, and direction, or anything like direction, of nurses from voluntary to local authority units is out of the question—if only because it would promptly defeat its own end.”

The expense of running a large, inconvenient and ancient building, such as Portwey, as a general hospital could only be fully justified if a large proportion of the available beds were filled. This could only be done if there was an adequate supply of nurses, and this in its turn could only be achieved by bringing the hospital up to the standard required by the General Nursing Council for a training school¹. The County Council, therefore, took steps to buy properties near the hospital for use as Nurses' Homes, and to make the necessary improvements. Unfortunately, this comparatively heavy capital outlay coincided with a period when the bed-patient cost was very high owing to the relatively small number of patients who could be nursed. That there should have been criticism of the cost of running the hospital was natural in the circumstances, and certain economies were recommended, but it cannot be too strongly emphasised that the only possible solution to the problem is to obtain an adequate number of nurses to enable the beds in the hospital to be filled. In so far as medical and nursing work is concerned the reputation of the hospital stood high both with the public and with local doctors, and the staff carried out their duties efficiently during a trying period.

East Dorset. Reference to the shortage of hospital accommodation in East Dorset was made in the report for 1945. At one time during 1946 the Cornelia and East Dorset Hospital had a waiting list of over five hundred patients. The possibility of building a larger hospital on a new site in Poole was considered, but the Ministry of Health took the view that such a proposal might prejudice the future decisions of the Regional Hospital Board. At the end of the year plans were again being made for erecting additional hatted wards in the grounds of the hospital.

The Regional Hospital Board. At the end of the year the County Council received from the Ministry of Health the proposed boundaries of the areas of the Regional Hospitals Boards. Certain changes were suggested to the Minister, who agreed to the alterations, with the result that the whole of Dorset, with the exception of the Borough of Lyme Regis, was placed in the area of the South-West Metropolitan Regional Hospital Board, which extends from Central London to Charmouth. As Lyme Regis is naturally in the catchment area of the Exeter Hospitals, that borough is placed in the area of the South-West Regional Hospital Board, the headquarters of which are at Bristol.

MILK (*Table VII*).

As a result of the vesting of the functions relating to milk of special designation in the Milk Sub-Committee of the Public Health and Housing Committee, the County Inspector's section was transferred from the Clerk of the County Council's Department to the Medical Department. The County Inspector became the first County Sanitary Officer in Dorset, and an Assistant County Sanitary Officer was appointed in March, 1946. The work of the section is now of a much wider nature than it was in the past, and in addition to dealing with designated milk and rural housing, duties connected with school hygiene, school canteens, rivers pollution, and matters relating to hygiene generally throughout the County are undertaken.

There are approximately 3,000 milk producing farms in the County, of which 500 are “ Accredited ” and 450 are “ Tuberculin Tested ” producers. In addition, there are at present fourteen Heat Treatment plants authorised by the Ministry of Food. Probably the most satisfactory way of improving the milk supply from a hygienic point of view would be to increase the proportion of “ Tuberculin Tested ” herds. It is interesting to note that at the beginning of 1946 the percentage of “ Tuberculin Tested ” herds in Dorset was 13, whereas in Ayrshire the percentage was 88.6.

The sampling of designated milk was continued during the year. Failures are comparatively frequent, but a large proportion of such failures occur on the relatively few farms where insufficient care is taken to maintain a sufficiently high standard of cleanliness. Such farms are visited by the Dairying Instructresses employed by the War Agricultural Executive Committee and, if after advice has been given, there is no improvement, the Milk Sub-Committee has power to revoke the licence. Four "Tuberculin Tested" and two "Accredited" licences were revoked during 1946.

The results of sampling both "Accredited" and "Tuberculin Tested" herds were as follows:—

Total Number of Samples obtained.	Total number of Samples failing to comply with the required standard.	Percentage of Failures.
3,668	895	24.4

During the year sampling of heat-treated milk was continued under Defence Regulation 55G with the following results:—

	Phosphatase Test.	Methylene Blue.
Number of samples passed	318	332
Number of samples failed	15	1

HOUSING (*Tables VII and IX*).

Rural Housing Survey. Most of the Rural District Councils made some progress with their housing surveys, and the results can be seen from Table IX. The Medical Officer of Health of the Sturminster Rural District Council makes the following important comment in his annual report:—

"Whilst the provision of new houses is of paramount importance, seven years during which routine inspection and action in respect to the repair of defective property has been impossible, means that many houses are in such defective condition that, unless materials and labour can be made available for their repair and maintenance, they will inevitably become only fit for demolition or, at the best, extensive reconditioning at an uneconomic cost."

New Houses. On the whole, progress has been disappointing, but some District Councils are to be congratulated on their efforts. In particular, the record of the Sturminster Rural District Council is outstanding. In that district, with a population of only 8,437, the number of new houses completed during the year was as follows:—

Temporary Prefabricated Bungalows	35
Swedish Timber Houses	...
Traditional Type Houses	34

WATER SUPPLY AND SEWERAGE.

The County Council, advised by a firm of Consultant Engineers, gave consideration to a number of water supply and sewerage schemes submitted during the year by County District Councils. The following sewerage schemes were approved by the Ministry of Health under the Rural Water Supplies and Sewerage Act of 1944:—

1. The Parish of Sturminster Newton.
2. The Parish of Okeford Fitzpaine.
3. The Parish of Hazelbury Bryan.
4. The Parish of Stalbridge.

The Medical Officer of Health of the Wimborne Rural District Council comments as follows in his annual report :—

“ The need of sewerage works is particularly urgent in the south-east corner of the district. This is a semi-urban residential area, and has most of the amenities of an urban district except sewerage. Almost every house has its cesspool, and it happens that the subsoil formation and water levels are particularly unsuitable for cesspools and soakaways. The Council has had complete plans of sewerage and disposal works for this area drawn up for nearly ten years, but owing to war and post-war conditions has been unable in spite of every effort to make a start in their construction. Another area where the presence of a piped water supply without sewerage gives rise to a serious nuisance is the large village of Cranborne. Here, too, the use of efficient soakaways and cesspools is impracticable, with the result that the River Crane which runs through the village has become a sewer. Here also the Council has complete plans for new sewerage, which has received the sanction ‘ in principle ’ of the Minister of Health but not his authorisation for work to proceed.”

The Wimborne Rural District Council is by no means the only rural authority which is ready to put long delayed plans into operation. The pressing need for such work is underlined by the Medical Officer of Health of the Bridport and Beaminster Rural District Councils, who makes the following remarks in his annual report :—

“ Apart from a few septic tanks, the rivers and streams act as the sewer of the District, with the result that all these water courses are grossly polluted. This is especially so at Beaminster, where the River Brit is very foul, and at Charmouth, Chideock, Bradpole, and Burton Bradstock.”

THE HOSPITAL CAR SERVICE.

This excellent organisation continued to provide a very useful service for the public during 1946. Seven hundred and ten authorities for journeys were issued by the County Medical Officer.

CIVIL DEFENCE CASUALTY SERVICES.

At the end of 1945 these services had been disbanded and all the equipment collected into central stores. During the early part of 1946 the Government placed the responsibility of disposing of the equipment to the best advantage on the County Council. With the expert assistance of Mr. E. S. Moran, the Civil Defence Equipment Disposals Officer, a sales organisation was established and practically the whole of the stock was disposed of. Hospitals, District Nursing Associations, the British Red Cross Society and the St. John Ambulance Brigade were given first choice, and the public also had a chance to buy useful household articles at public sales, where the efficient and keen help of the Women’s Voluntary Service was available. The disposals staff, including storekeeper and transport drivers, were released on July 31st, and the records and accounts were passed by the District Auditor shortly afterwards. The success of the disposals scheme showed very clearly how adaptable the local government organisation is, as the medical department had no previous experience whatever of this type of work. The total amount received for the goods sold amounted to approximately £3,250, and this sum was obtained mainly on the sale of individual items, very few of which were priced at more than a few shillings.

THE EMERGENCY MEDICAL SERVICE.

This service, which is administered by the Ministry of Health, continued during the year, but in view of the considerable decrease in the amount of work involved permission was given to the closure, on November 16th, of the Casualty Bureau, which was established in the Medical Department in September, 1939. The Bureau, which during the whole of its existence, was in the charge of Mr. H. L. Hutchings, the Senior Clerk in the Tuberculosis Section, did a vast amount of work, and most of the members of the Medical Department took turns of voluntary duty at weekends and public holidays. It was on the information received from Casualty Bureaux all over the country that the Ministry of Health was able to make provision during the war for the reception in hospitals of civilian and service casualties. It may be of interest to place on record the number of E.M.S. patients whose admission and discharge from local hospitals (excluding Poole) were notified to the Bureau during the seven years of its existence :—

1939	1940	1941	1942	1943	1944	1945	1946
72	2,394	1,726	1,741	2,111	2,401	1,463	298

THE CIVIL NURSING RESERVE.

As has already been mentioned members of the Civil Nursing Reserve, who in many cases had been directed to join the organisation by the Ministry of Labour, were permitted to resign in 1946. The Reserve, however, was kept in being, and certain changes were made by the Ministry of Health in an attempt to increase its usefulness in peace time conditions. Persons were encouraged to join who were prepared to act as nurses during any period of epidemic emergency, and for the first time the principle of paying for part-time service was established. The number of effective members, however, was very small. At the end of 1946 the membership was as follows :—

*	Ordinary Members.	Emergency Members.
Trained Nurses ...	36	1
Assistant Nurses	8	—
Nursing Auxiliaries	99	1

VITAL STATISTICS (*Table I*).

	1936	1942	1943	1944	1945	1946
Area :— 622,843 Acres.						
Population :—						
Urban Districts	154,500	150,700	146,400	146,980	151,810	163,690
Rural Districts	94,050	98,600	96,140	93,540	91,180	94,400
Whole County	248,550	249,300	242,540	240,520	242,990	258,090
Rateable Value :—	£1,673,204	£1,851,221	£1,858,229	£1,857,072	£1,871,483	£1,878,688
Estimated Produce of a Penny Rate :—	£6,473	£7,211	£7,202	£7,308	£7,388	£7,442
Births :—						
Still Births	112	123	123	119	120	134
Live Births	3,395	4,292	4,072	4,589	4,383	4,911
TOTAL	3,507	4,415	4,195	4,708	4,503	5,045
Live Birth Rate (per 1,000 population)	13.6	17.2	16.7	19.0	18.0	19.0
Live Birth Rate (England and Wales)	14.8	15.8	16.5	17.6	16.1	19.1
Deaths :—						
Total Deaths (all ages)	3,003	3,303	3,205	3,200	3,180	3,270
Death Rate (per 1,000 population)	12.0	13.2	13.2	13.3	13.0	12.6
Death Rate (England and Wales)	12.1	11.6	12.1	11.6	11.4	11.5
Infant Mortality :—						
Deaths under 1 year of age	161	171	148	150	181	173
Infant Mortality Rate (per 1,000 live births)	47	53	36	32	41	35
Infant Mortality Rate (England and Wales)	59	49	49	46	46	43
Maternal Mortality :—						
Maternal Deaths	13	10	9	7	5	12
Maternal Mortality Rate (per 1,000 births)	3.7	2.2	2.1	1.4	1.1	2.3
Maternal Mortality Rate (England and Wales)	3.65	2.01	2.29	1.93	1.79	1.43

CAUSES OF DEATH AT ALL AGES. (Table II).

		1936	1942	1943	1944	1945	1946
1.	Typhoid and Parat. Fevers	20	—	—	—	—	—
2.	Cerebro-Spinal Fever	—	2	4	7	3	—
3.	Scarlet Fever	1	1	—	—	—	—
4.	Whooping Cough	8	2	6	4	1	5
5.	Diphtheria	10	13	10	4	3	3
6.	Tub. of Resp. System	106	102	76	80	91	85
7.	Other forms of Tuberculosis	16	20	25	19	19	25
8.	Syphilitic Disease	12	20	11	10	14	12
9.	Influenza	35	28	104	32	6	25
10.	Measles	19	1	3	2	1	—
11.	Ac. Polio-myel. and Polio-enceph.	—	—	1	1	3	1
12.	Ac. Inf. Enceph.	2	3	4	1	1	3
13.	Cancer of buc. cav. and Oesoph. (M), Uterus (F)	—	52	52	48	57	52
14.	Cancer of stomach and duodenum	472	89	74	73	78	87
15.	Cancer of breast	—	57	65	67	44	64
16.	Cancer of all other sites	—	279	310	300	298	266
17.	Diabetes	54	43	38	27	27	29
18.	Intra-cranial vascular lesions	189	368	379	360	387	406
19.	Heart disease	793	875	878	950	976	1005
20.	Other diseases of circ. system	148	85	69	89	75	125
21.	Bronchitis	84	137	124	122	146	115
22.	Pneumonia	122	120	102	110	105	122
23.	Other respiratory diseases	24	35	41	44	39	46
24.	Ulcer of stomach or duodenum	35	34	30	39	35	27
25.	Diarrhoea under 2 years	19	11	9	12	30	4
26.	Appendicitis	19	16	11	12	6	11
27.	Other digve. diseases	49	105	81	76	61	75
28.	Nephritis	84	110	89	102	98	104
29.	Puer. and Post-abort. sepsis	6	—	—	—	2	3
30.	Other maternal causes	7	10	9	7	3	9
31.	Premature birth	—	43	50	47	48	46
32.	Con. Mal. Birth inj. infant. dis.	95	65	54	54	71	86
33.	Suicide	37	23	20	25	21	31
34.	Road Traffic accidents	—	32	32	42	21	30
35.	Other violent causes	100	152	77	83	81	71
36.	All other causes	437	370	367	351	329	297

NOTIFICATIONS OF INFECTIOUS DISEASE (Table III).

		1936	1942	1943	1944	1945	1946
Scarlet Fever	...	458	388	306	297	248	201
Whooping Cough	...	388	660	818	520	923	—
Diphtheria (including Membranous Croup)	...	131	86	80	43	17	20
Measles (excluding German Measles)	...	—	1,258	2,445	1,709	3056	899
Acute Pneumonia (Primary or Influenzal)	...	108	270	174	295	238	240
Cerebro-spinal Fever	...	1	44	21	24	19	18
Acute Poliomyelitis	...	1	3	2	4	19	5
Acute Polioencephalitis	...	—	—	2	1	2	—
Acute Encephalitis Lethargica	...	4	2	5	1	4	5
Dysentery	...	11	40	111	196	137	66
Ophthalmia Neonatorum	...	16	11	16	20	13	10
Puerperal Pyrexia	...	20	41	42	26	19	27
Smallpox	...	—	—	—	1	—	—
Paratyphoid Fever	...	—	—	1	3	1	—
Enteric or Typhoid Fever (excluding Paratyphoid)	...	232	—	—	—	2	1
Erysipelas	...	52	81	82	101	70	88
Chicken Pox	...	—	1	—	—	—	—
Malaria—Believed to be contracted in this Country	...	5	—	—	—	4	—
Malaria—Believed to be contracted abroad	...	—	—	1	68	2	6
Malaria—Induced in Institutions	...	—	—	—	—	—	—

MATERNITY AND CHILD WELFARE (Table IV).

	1936	1942	1943	1944	1945	1946
Births.						
No. Registered	2,016	2,639	2,466	2,631	2,549	2,805
Live Births	1,958	2,569	2,395	2,563	2,483	2,734
Still Births	58	70	71	68	66	71
Live Birth Rate (per 1,000 population)	13.0	17.0	16.3	17.8	17.4	18.4
Still Birth Rate (per 1,000 total births)	28.7	26.5	28.7	25.8	25.8	25.3
Legitimate	1,923	2,461	2,297	2,381	2,190	2,497
Illegitimate	93	178	169	250	359	237
Infant Mortality.						
Deaths under 1 year of age	91	84	88	78	85	102
Legitimate	87	77	75	68	71	91
Illegitimate	4	7	13	10	14	11
Infant Mortality Rate (per 1,000 live births)	46	32	36	30	34.2	37.3
Mortality Rate (per 1,000 Legitimate live births)	.	.	.	.	33.2	36.4
Mortality Rate (per 1,000 Illegitimate live births)	.	.	.	.	40.4	46.4
Maternal Mortality.						
Maternal Deaths	5	8	5	4	2	5
Maternal Mortality Rate (per 1,000 total births)	2.4	3.0	2.0	1.5	.7	1.7
Midwives.						
No. on Register at end of year	119	110	101	102	96	106
No. of visits of inspection during year by County Nursing Superintendent	226	363	353	341	344	342
No. of cases attended by Midwives :—						
As Midwives	861	1,198	1,208	1,122	1,040	1,133
As Maternity Nurses	629	1,045	907	1,202	995	1,162
No. of cases in which medical help was sought	309	429	406	376	355	370
Ante- and Post-Natal Care.						
No. of mothers attending Clinics	357	817	826	967	953	1,220
No. of such attendances	992	2,613	2,627	2,793	2,274	3,180
No. of uninsured women unable to attend Clinics and seen by General Medical Practitioners	252	251	217	261	223	228
No. of Obstetric Consultants called in	12	7	4	8	4	1
No. of Dental Treatments authorised	112	137	128	105	74	83
Maternity Beds. —Total No. of patients admitted	83	317	316	370	337	364
Dorset County Hospital	13	118	113	128	149	167
Weymouth and District Hospital	17	24	23	43	34	50
Cornelia and East Dorset Hospital	25	47	40	71	95	92
Yeatman Hospital	9	18	19	8	6	10
Westminster Memorial Hospital	—	42	49	50	24	30
Other Hospitals	19	21	34	19	17	15
Little Hanford Maternity Home	—	20	21	35	3	—
Public Assistance Institutions	—	27	17	16	9	—
Infant Welfare Centres.						
No. of infants under 1 year of age attending first time	519	1,116	1,092	1,408	1,116	1,113
No. of children 1-5 years of age attending first time	215	469	468	680	371	320
No. of attendances of infants under 1 year of age	6,967	11,434	12,628	14,804	13,309	11,950
No. of attendances of children 1-5 years of age	7,855	9,327	9,520	9,848	8,897	7,580
No. at end of year who were under 1 year of age	406	977	931	1213	825	933

MATERNITY AND CHILD WELFARE (Table IV)—cont.

	1936	1942	1943	1944	1945	1946
Infant Welfare Centres Cont.						
No. at end of year who were 1-5 years of age	1,128	2,001	2,040	2,294	2,112	1,947
No. of live births notified	1,815	2,303	2,142	2,301	2,043	2,297
Percentage that attended while under 1 year of age	28.6	48.4	50.9	61.2	54.6	48.5
Infant Visiting.						
First visits to infants under 1 year of age	2,163	2,488	2,301	2,466	2,301	2,207
Total number of visits to infants under 1 year of age	13,592	17,790	15,703	15,014	14,787	13,442
Total number of visits to children between ages of 1-5 years	20,221	23,801	22,053	19,325	17,891	17,282
Child Life Protection.						
No. of children on Register at beginning of year	87	66	99	81	77	73
No. of new children received during year	49	99	74	61	76	74
No. of removals from Register during year	67	66	92	65	80	73
No. of children on Register at end of year	69	99	81	77	73	74
No. of reports made by Child Protection Visitors during the year ...	329	277	381	325	297	286
No. of foster-parents on Register at end of year	44	50	43	43	46	40
Adoption of Children (Regulation) Act.						
No. of persons who gave notice under Section 7 (3) during the year ...					7	13
No. of children in respect of whom notice was given under Section 7 (3) during the year					11	21
Nursing Homes.						
No. on Register at end of year	12	13	13	14	12	12
No. of inspections during year	19	13	15	24	26	14
Treatment of Children.						
Dental Treatment :—						
No. of cases	—	79	92	62	15	25
Orthopaedic Clinics :—						
No. of cases	152	193	201	222	258	315
No. of attendances	758	734	564	780	907	1,319
Hospital Treatment :—						
No. of children admitted during year	23	47	52	52	54	28
Ophthalmia Neonatorum :—						
No. of cases notified	5	6	8	3	8	4
No. with vision impaired	—	—	—	—	—	—
No. with vision unimpaired	4	6	8	3	8	4

VENEREAL DISEASE (Table V).

		1936	1942	1943	1944	1945	1946
Total—Dorset Patients—All Clinics.							
No. of patients dealt with for the first time	{ Syphilis	33	60	83	63	65	117
	{ Soft Chancre	—	2	—	—	—	—
	{ Gonorrhoea	81	64	91	78	108	175
	{ Non-Venereal	54	166	225	318	329	343
Weymouth Clinic.							
No. of patients dealt with for the first time	{ Syphilis		14	18	11	18	25
	{ Soft Chancre		2	—	—	—	—
	{ Gonorrhoea		12	18	11	18	33
	{ Non-Venereal		53	83	72	77	73
Attendances of all patients	...	...	1,586	1,795	1,498	1,554	1,929
Aggregate of in-patient days	...	...	—	—	—	—	—
Dorchester Clinic.							
No. of patients dealt with for the first time	{ Syphilis	12	2	7	5	4	6
	{ Soft Chancre	—	—	—	—	—	—
	{ Gonorrhoea	25	5	10	9	9	7
	{ Non-Venereal	12	19	17	23	34	26
Attendances of all patients	...	875	366	337	340	412	546
Aggregate of in-patient days	...	27	30	53	—	130	26
Poole Clinic.							
No. of patients dealt with for the first time	{ Syphilis				10	11	46
	{ Soft Chancre				—	—	—
	{ Gonorrhoea				9	28	61
	{ Non-Venereal				42	81	96
Attendances of all patients	...	...			622	1,164	1,678
Aggregate of in-patient days	...	...			16	66	458
Bournemouth Clinic.							
No. of patients dealt with for the first time	{ Syphilis	18	40	54	35	28	32
	{ Soft Chancre	—	—	—	—	—	—
	{ Gonorrhoea	53	40	59	41	44	62
	{ Non-Venereal	39	91	100	168	122	131
Attendances of all patients	...	3,765	1,896	2,349	1,858	1,108	1,339
Aggregate of in-patient days	...	270	143	14	62	84	55
Yeovil Clinic.							
No. of patients dealt with for the first time	{ Syphilis	2	2	2	2	3	7
	{ Soft Chancre	—	—	—	—	—	—
	{ Gonorrhoea	2	3	4	7	2	3
	{ Non-Venereal	1	1	9	7	5	5
Attendances of all patients	...	131	135	279	264	127	172
Aggregate of in-patient days	...	—	11	8	45	—	15
Salisbury Clinic.							
No. of patients dealt with for the first time	{ Syphilis	1	2	2	2	1	1
	{ Soft Chancre	—	—	—	—	—	—
	{ Gonorrhoea	1	4	—	1	7	9
	{ Non-Venereal	2	2	16	6	10	12
Attendances of all patients	...	92	131	62	98	72	89
Aggregate of in-patient days	...	—	14	—	—	—	72
Defence Regulation 33B.							
Contacts notified once	...			29	42	62	20
Contacts notified on two or more occasions	...			4	1	20	4
Contacts traced and attended for treatment voluntarily	...			2	27	40	14
Contacts not traced or refused treatment				29	16	31	7
Contacts required by Notice to attend for treatment	...			2	—	11	3
Number of prosecutions	...			—	—	—	2

TUBERCULOSIS (Table VI).

	1936	1942	1943	1944	1945	1946
Deaths						
All forms ...	122	122	101	99	110	110
Death-rate per 1,000 population	0.49	0.48	0.41	0.41	0.45	0.42
Pulmonary ...	106	102	76	80	91	85
Death-rate per 1,000 population	0.43	0.40	0.31	0.33	0.37	0.32
Non-Pulmonary ...	16	20	25	19	19	25
Death-rate per 1,000 population	0.06	0.08	0.10	0.07	0.07	0.09
Notifications.						
All forms ...	242	264	250	278	209	216
Pulmonary ...	165	210	179	207	156	163
Non-pulmonary ...	77	54	71	71	53	53
Notification Register as at 31st December—						
All forms ...	891	960	1,012	1,094	1,117	1,178
Pulmonary Males ...	342	409	421	453	482	505
Females ...	274	282	294	323	330	340
Non-pulmonary Males ...	126	134	143	159	151	171
Females ...	149	135	154	159	154	162
Treatment.						
<i>Dispensary Register as at 31st December</i>						
All forms ...	703	712	796	903	946	950
Pulmonary Adult Males ...	264	325	368	407	444	442
Adult Females ...	212	222	238	278	285	289
Children ...	26	10	12	13	14	14
Non-pulmonary Adult Males ...	44	40	44	53	53	58
Adult Females ...	58	55	66	71	64	58
Children ...	99	60	68	81	86	89
<i>New Cases diagnosed as Tuberculous—</i>						
All forms ...	186	214	216	237	162	165
Pulmonary Adult Males ...	64	105	93	105	83	73
Adult Females ...	60	66	68	74	52	58
Children ...	8	5	3	6	2	3
Non-pulmonary Adult Males ...	11	7	8	13	7	9
Adult Females ...	16	14	21	13	5	2
Children ...	27	17	23	26	13	20
<i>Attendances at Dispensaries</i> ...	2,701	1,857	2,363	2,656	3,621	3,826
X-Ray Films—						
Dorset County Home :						
In-patients ...	191	144	207	244	137	100
Out-patients ...	707	706	952	995	1,139	1,208
Dorchester Dispensary ...		666	834	941	844	1,172
Beckford Orthopaedic Hospital ...		148	217	255	206	197
Artificial Pneumothorax—						
Inductions—Dorset County Home	19	9	18	20	13	20
Refills —Dorset County Home	577	835	1,122	1,701	1,603	1,415
Refills —Dorchester Dispensary		396	557	749	812	908
Admissions to Sanatoria—						
Dorset County Home ...	67	58	67	63	45	51
Royal National Sanatorium ...	29	51	33	24	13	16
Weymouth Borough Sanatorium	27	21	22	17	15	19
Others ...	13	22	43	70	49	52
Admissions to Hospitals—						
Beckford Orthopaedic Hospital ...	50	36	43	31	27	24
Bath and Wessex Hospital ...	18	4	4	8	11	4
Children's Hospital, Swanage ...	24	10	9	10	9	12
Others ...	32	35	30	32	24	25
Average number of beds occupied—						
Sanatoria ...	64	56	65	70	63	67
Hospitals ...	52	35	31	42	39	37

MISCELLANEOUS SERVICES (Table VII).

	1936	1942	1943	1944	1945	1946
Orthopaedic Treatment.						
Surgeon's Clinics—No. of Cases ...	427	416	423	420	417	516
—No. of Attendances ...	735	806	787	817	1,016	838
Sister's Clinic —No. of Cases ...	535	676	598	731	652	1,102
—No. of Attendances ...	2,490	1,896	1,495	2,518	2,801	2,603
No. admitted to Hospital (other than for Tuberculosis)	35	30	22	25	26	35
Blind Persons.						
No. approved for admission to Register:						
Certified by County Medical Staff ...	18	57	31	32	43	39
Certified by Ophthalmic Surgeons ...	20	30	25	29	22	27
Registered elsewhere and moved to Dorset	4	7	—	4	20	4
TOTAL	42	94	56	65	85	70
No. removed from Register in year ended 31st March ...		55	50	45	64	54
Total No. remaining on Register at 31st March	487	501	529	546	548	572
Radium Treatment for Cancer.						
Surgeon's Clinic—No. of Attendances ...		378	415	464	577	743
No. admitted to Hospital	16	55	54	53	66	97
County Laboratory.						
<i>Dorchester.</i>						
Total No. of specimens received ...	14,207	17,717	18,462	16,054	21,800	
Total No. of Tests under Schedule A	33,395	38,039	38,109	29,508	37,191	
Total No. of Tests under Schedule B	4,769	6,168	6,848	8,364	13,175	
<i>Poole.</i>						
Total No. of specimens received ...	4,653	4,158	3,744	3,104	2,775	
Total No. of Tests under Schedule A	9,999	8,907	7,162	4,615	5,762	
Total No. of Tests under Schedule B	141	195	165	231	271	
Milk Supplies.						
Licences in force at 31st December :—						
Accredited	242	585	548	528	519	500
Tuberculin Tested	20	181	241	330	388	450
Attested Herds		164	169	178	222	271
Pasteurisation			15	14	12	14
Samples examined for Tuberculosis ...	171	512	528	269	211	497
Percentage found to be positive ...	7.0	4.2	2.2	4.0	5.7	3.0
Rural Housing.						
No. of houses reconditioned ...			4	9	4	8
						12

DIPHTHERIA IMMUNISATION (*Table VIII*).

Summary of Local Authorities' Annual Returns for the Year ended 31st December, 1946.

Children under 5 Years
Number Immunised (Estimate).
Children 5 to 14 Years
Number Immunised (Estimate).

RURAL HOUSING SURVEY (*Table IX*).



DORSET COUNTY COUNCIL

HEALTH SERVICE

(National Health Service Act, 1946)

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FOREWORD.

This volume contains the proposals of the County Council as approved by the Minister of Health, for the provision of health services under Part III and Part V of the National Health Service Act, 1946.

In the main, the proposals under each section of the Act fall under two heads namely :—

- (a) Service provided from 5th July 1948.
- (b) The development plan which indicates the basis on which the future service will develop.

The proposals were framed on the broadest lines as it was the intention of the Minister that Local Health Authorities should be given as much latitude as possible within the framework of the Act.

Generally, the functions of the County Council under the various sections represent an appreciable change in comparison with the type of service provided before the Act came into force.

The future development of the Health Service will chiefly lie within the scope of Section 28, dealing with the prevention of illness, care and after-care. Within this section progress can be made towards the ideal lying behind the Act, namely, the attainment of a state of positive health in the individual. This does not in any way indicate that there will be any attempt to interfere with individual freedom, but the chief aim will be to retain at all times the humane outlook, to respect the liberties and freedom of the individual, and to place at the disposal of everyone the means whereby the ideal can be achieved.

The Minister of Health has postponed the date by which proposals relating to the provision of Health Centres under Section 21 of the Act are to be submitted by Local Health Authorities for his approval. Accordingly no reference to the Health Centre Service is made in the following pages.

County Hall,
Dorchester,
August, 1948.

A. A. LISNEY,
County Medical Officer.

NATIONAL HEALTH SERVICE ACT, 1946.

(Section 22).

PROPOSALS FOR THE CARE OF MOTHERS AND YOUNG CHILDREN.

(As approved by the Minister of Health, 14th June, 1948).

Part I.

1. General Statistical Data.

Total mid-1946 population	...	...	...	...	...	...	...	...	...	...	258,090
Total mid-1946 number of children under five	...	...	...	...	...	...	...	...	...	...	20,580

Number of registered live births:—

	1945		1946	
	Legitimate.	Illegitimate.	Legitimate.	Illegitimate.
Administrative County	2190	359	2497	237
Borough of Poole	1097	171	1348	148
Borough of Weymouth	546	86	632	49
Totals	3833	616	4477	434
	4449		4911	

2. Existing Services.

At the present time expectant and nursing mothers and young children are given care and advice at ante-natal clinics and at child welfare centres, and they are also visited in their homes by the health visitors. Details of existing clinics and services are given below:—

(A) Ante-Natal Clinics.

	Number of Clinic. Premises.	Number of Expectant Mothers who attended in 1946.	Number of Sessions held weekly.
County area	10	1043	8
Poole	2	229*	2
Weymouth	2	262	2
Totals	14	1534	12

* Poole Borough ante-natal clinics were established only towards the end of 1946.

(B) Post-Natal Clinics.

The general procedure is that expectant mothers who attend the ante-natal clinics are advised to visit the clinic, after their confinements, for post-natal examination. Two post-natal clinics have recently been established in Poole, at each of which there is a fortnightly session. Monthly post-natal clinics are held in Dorchester and Blandford.

(C) Arrangements with general practitioners.

In the County area, midwives are asked to advise their patients, who cannot conveniently attend an ante-natal clinic, to visit their own doctor for one or more ante-natal examinations. In Weymouth all expectant mothers who book a midwife can be examined ante-natally on three occasions by their own doctor. At present there is no scheme in Poole whereby women can be given routine ante-natal examinations by general practitioners.

The following table shows the number of women examined by general practitioners in 1946 under existing schemes:—

		<i>Number of women ante-natally examined.</i>	<i>Number of women post-natally examined.</i>
County area	...	224	4
Poole	...	—	—
Weymouth	...	110	—
Totals	...	334	4

(D) *Child Welfare Centres.*

There are few parts of the County which are not served by a child welfare centre.

	<i>Number of Centres.</i>	<i>Number of Sessions held.</i>
County area	...	20 10 weekly 6 fortnightly, 4 monthly.
Poole	...	12 2 weekly, 6 fortnightly, 4 monthly.
Weymouth	...	4 1 twice weekly, 3 weekly.
Totals ...	36	1 twice weekly 12 fortnightly 15 weekly 8 monthly

(E) *Day Nurseries.*

There is one day nursery in Poole with places for fifty children between the ages of two and five.

(F) *Residential Nurseries.*

There are no residential nurseries provided under Maternity and Child Welfare powers.

(G) *Mother and Baby Homes.*

No mother and baby home has been established by the County Council, or by the Poole and Weymouth Corporations. Financial support, however, is given to St. Monica's Home, Parkstone, which is run under the auspices of the Salisbury Diocesan Association for Moral Welfare. Fifteen unmarried Dorset mothers were admitted to this home for their confinements during 1946. As a general rule the mothers stayed in this home with their babies for three months after their confinements. Mothers and infants are also admitted from time to time to St. Gabriel's Home, the Diocesan Association's Refuge in Weymouth, and the Corporation at present make a grant of £100 per annum for the assistance given.

(H) *Dental Treatment.*

Dental treatment is offered to expectant and nursing mothers and to children under five.

In the County area expectant and nursing mothers who are found to be in need of dental treatment are referred to dental surgeons of their own choice, who are authorised by the County Medical Officer to carry out treatment and/or to supply dentures, provided an estimate, which is in accordance with an approved scale of charges, is submitted.

In Weymouth conservative treatment and extractions are carried out by the School Dental Officer, but expectant and nursing mothers in need of dentures are referred for the provision of such dentures to a dental surgeon in private practice, whose accounts for this work are paid by the Corporation provided they are in accordance with an approved scale.

In Poole expectant mothers are treated, and supplied with dentures, if necessary, by the full-time dental surgeons who are mainly employed in the school dental service.

As regards the dental treatment of children under five, this is undertaken free of charge to the parent by the school dentists. Parents are told by the Medical Officers of welfare centres, by the Health Visitors, and by Head Teachers of schools, that they may bring their young children to see the School Dentist when he is inspecting the children at a school, or working at a school clinic. The number of parents who take advantage of this scheme is not large at present.

	<i>Expectant or Nursing Mothers who received dental treatment in 1946.</i>	<i>Expectant or Nursing Mothers supplied with dentures in 1946.</i>	<i>Children under five who received dental treatment in 1946.</i>
County area ...	55	40	24
Poole ...	73	25	31
Weymouth ...	95	15	61
Total ...	223	80	116

Part II.

1. Description of the service which it is proposed to operate on the appointed day.

(A) General Arrangements.

(1) *Administrative arrangements.* The Maternity, Child Welfare and Nursing Sub-Committee of the Health Committee will be responsible for the care of mothers and young children over the whole County, but the Health Committee will delegate its responsibilities for day-to-day administration to two Area Sub-Committees—one to cover the area which is at present the responsibility of the Poole Borough Council and the other to cover the area comprising Weymouth Borough, the Portland Urban District, and the parishes of Bincombe, Chickerell and Osmington which are in the Dorchester Rural District. The second district, with the exception of the parish of Bincombe, is the same as that of the South Dorset Divisional Executive for Education.

The County Medical Officer will be in executive charge of the organisation and the Assistant County Medical Officers will carry out the same functions as they do now—viz., as Medical Officers of Infant Welfare Centres and Ante-Natal Clinics.

In the Boroughs of Poole and Weymouth it is proposed that the respective Medical Officers of Health and their assistants shall be appointed to the County Medical Officer's staff in a part-time capacity, and they shall be expected to carry out the day-to-day administration of the service in their areas.

The services as they exist at present are well co-ordinated and only in matters of detail will changes be required on the appointed day. Certain services will have to be expanded but such expansion can only be gradual.

(2) Particulars of joint arrangements with other Local Health Authorities. None are contemplated at present.

(3) Arrangements with voluntary organisations. These will be of two kinds:—

(a) Arrangements will be continued with the committees of voluntary infant welfare centres where such have existed in the past. The work of these Committees has been very valuable and has helped to maintain a keen local interest in the welfare of young children. The voluntary infant welfare centres are indicated below (see (B) (1) (c)).

(b) The assistance of the Salisbury Diocesan Association for Moral Welfare will again be sought in connection with the care of unmarried mothers and illegitimate children. Subject to the Association agreeing to the representation of the County Council on their Committees an annual grant will be made to the Association which will continue to provide the services of Area Welfare Workers to whom the County Medical Officer and his staff will refer necessitous cases.

In addition, a Mother and Baby Home will be maintained as at present at St. Monica's, Parkstone, under the auspices of the Diocesan Association. The County Council will pay the maintenance costs of Dorset mothers and babies in this home, and in other suitable homes, including St. Gabriel's, Weymouth, which may be approved from time to time.

(4) *Liaison with other Bodies.* It is stated in Circular 118/47 that full-time officers of the Regional Hospital Board will not be able to supply all the specialist services which a Local Health Authority will require at their consultant ante-natal or paediatric clinics, and authorities will, therefore, need to contact directly at their own expense with individual consultants for these purposes. It is further stated in the same circular that "General Practitioner Obstetricians" will, no doubt, in the course of time provide the bulk, if not the whole, of the medical staff for the Local Health Authorities' ante-natal clinics, at which consultative clinics will also be held by specialist obstetricians.

Before final arrangements can be made for the employment of obstetric consultants it will be necessary to ascertain from the Regional Hospital Board to which hospitals in the County such Consultants will be attached. In general it is proposed to associate each ante-natal clinic with a particular hospital, and arrangements will be made with the consultant obstetrician on the staff of the hospital so that he can be called in to see patients referred to him by the medical officers of the clinics or by the general practitioner obstetricians.

It is proposed, in conjunction with the Regional Hospital Board and the Executive Council, to take all other necessary steps to secure proper co-ordination between the Council's arrangements for the care of mothers and young children with the hospital and specialist and general medical services.

(B) *Particular arrangements which it is proposed to operate on the appointed day.*

(1) *Clinics.*

(a) Ante-natal clinics will be held in Portland, Weymouth, Dorchester, Bridport, Beaminster, Lyme Regis, Sherborne, Shaftesbury, Blandford, Wimborne, Poole (2), Wareham and Swanage. A total of twelve ante-natal sessions will be held each week.

(b) Post-natal clinics will be held in Poole, Weymouth, Dorchester and Blandford—a total of ten sessions each month. In the other centres women will be examined post-natally at the ordinary ante-natal clinic sessions, as the numbers of women who are likely to present themselves for this examination would not warrant special post-natal clinic sessions at this stage.

(c) Infant welfare centres will be in existence in Beaminster*, Bere Regis*, Blackdown*, Blandford*, Bridport, Chickerell, Dorchester, Ferndown*, Gillingham*, Handley*, Lyme Regis*, Lytchett Minster, Milton Abbas*, Portland (2), Poole (12), Shaftesbury, Sherborne, Sturminster Newton, Swanage, Verwood*, Wareham*, Weymouth (4), Wimborne*, Wool (Total 39, 12 voluntary*).

The number of sessions to be held is as follows:—

1 twice weekly, 16 weekly, 14 fortnightly, 8 monthly.

N.B.—Arrangements may be made for the transport of mothers and young children from certain villages and hamlets, not mentioned on the above list, to an established welfare centre.

(2) *Care of Premature Infants.*

The midwives and doctors in the County will be informed that the County Council will lend special equipment where required. This will include a draughtproof cot, warm and suitable clothing, hot-water bottle, special feeding bottles and mucus catheters. The midwives in particular will be encouraged to seek immediate assistance through the County Nursing Superintendent, and the health visitors will pay particular attention to the care of premature babies when the midwives' responsibilities cease.

Should the Regional Hospital Board appoint paediatricians to the staffs of any Dorset hospitals, arrangements will be made by the County Council for their employment in a consultative capacity in connection with the care of premature infants.

Irrespective of whether the County Council's assistance is sought or not, efforts will be made to follow up the progress of all infants who are notified as premature (i.e., under $5\frac{1}{2}$ lbs. at birth), in order that as complete a record as possible is available at the end of each year.

The Council will ask the Regional Hospital Board to provide special accommodation for premature infants requiring institutional care, and will provide special equipment for the transport of such infants to hospital.

(3) *Dental Care.*

(a) *Expectant and Nursing Mothers.* The fact that the dental surgeons at present in the whole-time service of the County Council are fully employed in the school health service and the absence of adequate accommodation for dental clinics will mean that a complete dental service cannot be offered to expectant and nursing mothers on the appointed day. It is proposed, however, to offer dental inspection and treatment to all expectant and nursing mothers who can, if they wish, attend dental clinics in Poole, Weymouth and Dorchester. In all parts of the County efforts will be made to continue the present arrangement whereby expectant and nursing mothers can be referred to dental practitioners in general practice.

(b) *Young Children.* The parents of young children will be offered the opportunity of bringing their children for inspection and treatment by the County Council's dental surgeons at schools and school clinics, and the medical officers of welfare centres and the health visitors will use their influence to persuade parents to take advantage of this service.

(c) The number of dentists to be employed on this work on the appointed day will be ten, all of whom will also be school dental surgeons. In terms of full-time officers the number will be $1\frac{1}{2}$. In addition, it is contemplated that a number of dental practitioners in general practice may be able to undertake to treat expectant and nursing mothers for the County Council on a payment per case basis.

(d) The number of sessions to be held each week for the treatment of expectant and nursing mothers will at first be three.

(e) Expectant and nursing mothers, who require dentures, may attend the special dental clinics in Poole, Weymouth and Dorchester, where they will be treated by the County Council's dental surgeons. As already stated, it may be possible for women in all parts of the County to obtain treatment and dentures at the County Council's expense from dental practitioners in general practice.

(4) *Supply of Welfare Foods.*

The Council propose to give facilities for the distribution of those welfare foods which are included in the Government's Welfare Food Scheme, and to arrange for other welfare foods to be supplied where the welfare of expectant and nursing mothers or young children so requires.

(5) *Provision of Maternity Outfits.*

Maternity outfits will be provided for all domiciliary confinements.

(6) *Nursery Provision.*

(a) *Day Nurseries.* The day nursery established by the Borough of Poole in Parkstone will be continued. This has fifty places for children between two and five years of age. There will be no other day nurseries in the County on the appointed day. The cost of meals provided for the children will be recovered according to an income scale.

(b) *Residential Nurseries.* There will be no residential nurseries provided by the Health Committee on the appointed day.

(7) The Care of Unmarried Mothers and their Children.

Arrangements will be continued whereby the services of the Area Welfare Workers employed by the Salisbury Diocesan Association for Moral Welfare, will be utilised in order to assist unmarried mothers in obtaining the special care and advice they need. The help of these workers will be sought by the medical officers of ante-natal clinics, by the midwives and by the health visitors.

The County Council will continue to pay for the maintenance of Dorset mothers who are admitted to St. Monica's Home, the Mother and Baby Home in Parkstone, which is administered by a Committee established for the purpose by the Diocesan Association, and to other homes which may be approved from time to time, including St. Gabriel's Home, Weymouth.

Part III.

Joint Arrangements with other Local Health Authorities.

It is proposed to make joint arrangements with neighbouring Local Health Authorities for the use of maternity and child welfare facilities, on terms to be agreed, where this would be more convenient for mothers and children living near the boundaries of the County.

Development Plan.

The most obvious deficiency in the proposals outlined above is the expected inadequacy of the dental care arrangements. Not only are suitable clinic premises not available but also an expansion of the County Council's dental staff will be required in order to meet the needs of expectant and nursing mothers, young children and children of school age. It is proposed to expand and develop, as soon as practicable, the arrangements for the dental care of expectant and nursing mothers and of children under the age of five so as to provide adequate facilities for every expectant mother to be examined by a dental practitioner following her first attendance at an ante-natal clinic; for the periodical examination of children under the age of five; and for the necessary treatment to be provided for expectant and nursing mothers and young children, particular attention being given to conservative treatment. All forms of dental treatment, including dentures, where necessary, will be provided by the Authority's dental officers. All dentures will be made in the Authority's own dental workshop, or by mechanics to the profession or, if the dental officer concerned is a part-time officer of the Authority, by any mechanic employed by him in his private practice.

In so far as clinic buildings are concerned, the County Council has already approved proposals for the improvement of school clinic premises in several towns in the County, and there should be no difficulty in arranging dental clinics for expectant and nursing mothers in these premises when the works of building and adaptation are completed.

The proposals which are to operate as from the appointed day include the appointment of one additional dental officer. When additional clinic premises are ready for use it seems likely that at least two more dentists will be needed.

As regards premises for ante-natal clinics and welfare centres it must be admitted that about one-third of the halls at present used are inadequate owing to the lack of either space, light, or running water. It is obvious that plans for new clinic buildings should be considered along with plans for new school clinics and health centres. All that can usefully be said at present is that planning will be co-ordinated, and that the aim will be to provide adequate clinic premises in towns which do not at present possess them—viz., Portland, Bridport, Shaftesbury, Gillingham, Blandford, Poole, Wareham and Swanage. The Borough of Poole already has plans under consideration for the erection of one central school clinic and two maternity and child welfare centres. It is important that the Poole proposals should be carried through with as little delay as possible. For residents in rural areas the Council will, where appropriate, make arrangements for the transport of expectant and nursing mothers and young children to welfare centres.

In Poole there is already one day nursery for fifty children between two and five years of age. A second day nursery is probably needed in that town and consideration will also be given to the establishment of a day nursery in Weymouth. Additional nurseries will be provided where needed, as and when the availability of suitable accommodation and trained personnel permits.

Finally, the County Council will endeavour to obtain premises for a short-stay residential nursery for the reception of up to twenty children between 0-5 years of age. There is the greatest difficulty at present in finding accommodation for infants and young children whose parents for one reason or another suddenly become incapable of looking after them. The commonest reason for the admission of children to such a nursery would be on account of the illness of their mother, or her admission to hospital for a confinement, but infants and young children who were not progressing well at home could also be admitted for short periods of observation. It is intended that residential accommodation shall be provided in discharge of the duty which is placed upon the County Council by the Children Act, 1948, and shall be administered in the manner provided in the Act and the Regulations made thereunder.

NATIONAL HEALTH SERVICE ACT, 1946.

(Section 23).

PROPOSALS FOR A MIDWIVES SERVICE.

(As approved by the Minister of Health, 4th June, 1948).

Part I.

1. *Statistical data.*

		1945	1946
Domiciliary births in administrative County	...	1253	1392
Domiciliary births in Borough of Weymouth	...	271	269
Domiciliary births in Borough of Poole	...	732	837
Totals	...	2256	2498

2. *Existing service.*

In the administrative County the domiciliary midwifery service is provided by the Dorset County Nursing Association, acting as the agents of the County Council. The midwives, of whom there are sixty-one, are employed by fifty District Nursing Associations. All these midwives are employed on home nursing duties in addition to midwifery. No midwives are employed directly by the County Council. The work of the midwives is supervised by the County Nursing Superintendent, who is employed by the County Nursing Association, but whose office is in the Medical Department of the County Council. The closest association already exists between the officers of the County Council and the County Nursing Association. The County Nursing Superintendent is also Superintendent Health Visitor.

In the Borough of Poole the midwifery service is administered directly by the Borough Council. Ten midwives are employed in addition to a Supervisor of Midwives, who is also Superintendent Health Visitor for the Borough.

In the Borough of Weymouth the midwifery service is administered directly by the Borough Council. Five midwives are employed. The supervision of the work of the midwives is undertaken by the Medical Officer of Health of the Borough.

There are thus seventy-six midwives employed at present in Dorset either by District Nursing Associations or by Borough Councils.

Midwifery.

Part II.

1. *Description of the service which will operate on the appointed day.*

(A) *General administrative arrangements.*

(1) The County Council has asked the Dorset County Nursing Association to continue to act as their agents in maintaining a midwifery service, and the County Nursing Association has agreed to undertake the work. This arrangement will cover the whole County with the exception of the Boroughs of Poole and Weymouth where the midwives will be employed directly, and not through the agency of the County Nursing Association. The local administrative arrangements in the Poole and Weymouth areas will be delegated to area sub-committees (see the suggestions regarding decentralisation under the proposals for the Care of Mothers and Young Children).

(2) Fifteen midwives will be employed directly in the Poole and Weymouth areas—five in Weymouth and ten in Poole. It is proposed, in addition, that there should be one Supervisor of Midwives resident in Poole.

It is proposed that seventy-one midwives should be employed on the appointed day by the County Nursing Association. Of this total ten will be relief midwives. With few exceptions the midwives will also be employed as home nurses, and in terms of whole-time midwives the number to be employed by the County Nursing Association, excluding the reliefs, will be approximately thirty.

Where suitable arrangements can be made independent midwives in private practice may be employed on relief work or in a part-time capacity.

(3) The agreement which the County Council will have with the Dorset County Nursing Association will be on the following lines:—

(a) The County Nursing Association will maintain an efficient midwifery service in the whole of Dorset, except in the Boroughs of Poole and Weymouth.

(b) The County Nursing Association will act as the agent of the County Council in relation to the District Nursing Associations.

(c) One quarter of the members of the Executive Committee of the County Nursing Association will be members of the County Council.

(d) The areas of the District Nursing Associations will be defined by agreement between the County Council and the County Nursing Association.

(e) The County Council will make an annual financial grant to the Dorset County Nursing Association, which will cover the cost of (i) the salaries of the midwives, the County Nursing Superintendent and her assistants, and the clerks employed by the Association, (ii) the travelling expenses of the midwives, including the purchase of new cars when necessary, (iii) the uniform and laundry expenses of the midwives, (iv) necessary expenditure on housing midwives, and (v) approved administrative expenditure, including the cost of telephones.

(4) It is not proposed at present that there should be any joint arrangements with other local health authorities.

(B) *Arrangements for the supervision of midwives.*

The County Nursing Superintendent will be the non-medical supervisor of midwives. She will be an officer both of the County Nursing Association and of the County Council. She will have three assistants, one of whom will be the supervisor of midwives resident in Poole.

The County Medical Officer, any medical member of his staff who may be so designated, and the Medical Officers of Health of Poole and Weymouth, will act as medical supervisors of midwives.

(C) *Transport.*

The aim will be to provide a car for every midwife. At present out of the sixty-one midwives employed by the District Nursing Associations forty-four are provided with cars and eight own their cars. The Borough of Weymouth have recently ordered three cars for their midwives. In addition to the cars provided for the midwives it is proposed that there should be two relief cars for the use of midwives whose cars break down.

(D) *Gas and Air Analgesia.*

It is the intention of the County Council to ensure that all the midwives employed in the County are trained to give gas and air analgesia, and the necessary equipment will be provided for every area where a midwife with the necessary training is employed. It is estimated that on the appointed day fifty midwives will have received training and fifty analgesic apparatus will be available for use.

Part III.

1. *Development Plan.*

It is hoped that there will be nothing to prevent the County Council and the Dorset County Nursing Association from providing an adequate domiciliary midwifery service from the appointed day. The main difficulties which are likely to arise are connected with the recruitment of midwives, and with the arrangements made to provide for their housing and for their transport.

(1) *Recruitment of Midwives.*

Everything possible will be done to maintain an adequate number of midwives in the County. In this connection it is proposed to employ ten whole-time relief midwives. The terms of service of all the midwives employed will be those laid down by the Nurses Salaries Committee. In addition there will be a scheme to pay for the training as midwives of two state registered nurses per year who will guarantee at the end of their training to serve as domiciliary midwives in Dorset for at least one year. There will also be a scheme to pay for the training of two nurses per year at the Queen's Institute of District Nursing. Further, should a midwife in the employment of the County Council or the County Nursing Association wish to apply for a grant towards the expenses of taking the Health Visitor's qualification, her request will be given consideration by the County Council and the County Nursing Association, and a grant made if the circumstances justify it.

(2) *Housing of Midwives.*

While the County Council cannot accept immediate responsibility for the housing of all the midwives in the service, efforts will be made to arrange with the County District Councils for the allocation of a council house to a midwife where such an arrangement would be helpful.

The possibility of the County Council providing houses for the use of midwives, as is done for the police, may have to be considered at a later date, and in this connection the joint use of a house—divided into two flats—by two midwives or by a midwife and a health visitor might be practicable.

(3) *Transport of Midwives.*

Cars will be required by all midwives for the efficient performance of their duties. At present forty-four cars are owned by the District Nursing Associations. In the immediate future new cars will be ordered and paid for by the County Nursing Association with the help of substantial grants from the County Council. It is expected that the grant in each case will amount to the difference in price between the new car and the allowance on the old car. Later it may be necessary to give consideration to the possibility of the County Council buying cars direct and providing them for the use of the midwives employed by the County Nursing Association, and in any case cars will have to be bought by the County Council for the use of the midwives who are employed directly.

Should any midwives wish to buy cars for themselves the County Council will consider lending them the money for the purchase which would be repaid over a period of five years.

(4) *Analgesia.*

Arrangements will be made as soon as possible to ensure that facilities for analgesia are available to all women who desire it at their confinements except where there are medical contra indications.

NATIONAL HEALTH SERVICE ACT, 1946.

(Section 24).

PROPOSALS FOR HEALTH VISITING.

(As approved by the Minister of Health, 8th June, 1948).

Part I.

1. Statistical Data.

Area in square miles of Local Health Authority	...	...	...	...	...	...	...	...	973.19
Total mid-1946 population	...	...	...	...	...	...	...	...	258,090
Number of births in 1946	...	...	...	...	...	...	...	...	5,045

2. Existing Service.

(1) The whole County is at present covered by a service of whole-time health visitors, who are employed either by the County Council or by the Boroughs of Poole and Weymouth, both of which are Welfare Authorities. In these two towns, however, the visiting of tuberculous patients, and those suffering from venereal disease, is carried out by the County Council's health visitors.

(2) The number of health visitors employed, together with their qualifications, is as follows :—

(a) *Administrative County.*

Superintendent Health Visitor, Queen's Nurse, S.R.N., S.C.M., H.V. Certificate (also Supervisor of Midwives, and County Nursing Superintendent for the County Nursing Association)	...	1	Equivalent to 1 whole-time county superintendent health visitor.
Assistant Superintendent Health Visitors, with similar qualifications (also Supervisors of Midwives, and Assistant County Nursing Superintendents for the County Nursing Association)	2		
Health Visitors—S.R.N., S.C.M., H.V. Certificate	...	12	
Health Visitors—S.C.M., H.V. Certificate	...	1	
Health Visitors (part-time) S.R.N., S.C.M.	...	1	
		<u>14</u>	

(b) *Borough of Poole.*

Health Visitors—S.R.N., S.C.M., H.V. Certificate	...	...	...	...	7	Equivalent to 7½ whole-time health visitors.
Health Visitors (Superintendent and also Supervisor of Midwives) S.R.N., S.C.M., R.F.N.					1	
					<u>8</u>	

(c) *Borough of Weymouth.*

Health Visitors—S.R.N., S.C.M., H.V. Certificate	...	...	...	...	2
Health Visitors—R.S.C.N., S.R.N., S.C.M., H.V. Certificate	...	...	...	...	1
Health Visitors—Approval for appointment obtained, but vacancy not yet filled					1
					<u>4</u>

The total employed is therefore equivalent to one-whole-time superintendent and twenty-five whole-time health visitors.

(3) The health visitors are employed on health-visiting and school nursing duties only and do not undertake home nursing or midwifery. Their duties include :—

(a) Home visiting to the following purposes :—

- (i) Giving advice in connection with the care of young children.
- (ii) Giving advice in connection with the care of expectant and nursing mothers.
- (iii) "Follow-up" visits to school children :—
 - (a) who have been seen at school medical inspections and defects reported.
 - (b) after cleanliness inspections or treatment for verminous conditions.
 - (c) after hospital treatment where this has been requested by the hospital concerned.
 - (d) during and after treatment for minor ailments.
- (iv) Child life protection visits.
- (v) Tuberculosis visiting.
- (vi) Visits for the purpose of the ascertainment of, and reporting on, home conditions in special cases.
- (vii) Visits in connection with the spread and control of infectious disease.
- (viii) Visits in connection with Defence Regulation 33B—the tracing of contacts suspected to be suffering from Venereal Disease.

(b) The duties of school nurse are undertaken by all the health visitors employed, but at present they do not attend at school medical inspections except in Poole and Weymouth.

(c) Attendance at child welfare centres, ante-natal clinics, tuberculosis dispensaries, minor ailment clinics, etc.

(4) Where necessary the health visitors provide their own cars for travelling purposes and are re-imbursed on a mileage basis by the employing authority. At present one health visitor is loaned a car by the County Council.

Part II.

1. Description of the service which will operate on the appointed day.

(A) General administrative arrangements.

(1) The health visitors will be employed on a whole-time basis and will undertake no duties other than those of health visiting and school nursing. The Superintendent Health Visitor will also be the County Nursing Superintendent and Supervisor of Midwives.

In two areas of the County the local administration of the health visiting service will be delegated to area sub-committees. The two areas concerned are (a) the Borough of Poole, and (b) a district comprising the Borough of Weymouth, the Urban District of Portland, and the parishes of Bincombe, Chickerell and Osmington, in the Dorchester Rural District.

The County Medical Officer of Health will be in general charge of the Service, but in the two areas above mentioned the Medical Officers of Health will act as his agents.

(2) The duties of the health visitors will be as follows :—

(a) Visits to the home will be carried out by the health visitors for the purposes listed below :—

(i) To give advice in connection with the care of young children, the frequency of the visits being governed, generally speaking, by the age of the child or children in the family.

(ii) To give advice in connection with the care of expectant and nursing mothers.

(iii) To pay follow-up visits to the homes of school children who have been found to be suffering from defects at school medical inspections, including those with verminous or infectious conditions.

(iv) To give advice to patients suffering from tuberculosis, and to home contacts of such patients, in connection with the County Council's scheme for the care and after-care of tuberculous patients.

(v) To ascertain and report on home conditions in special cases.

(vi) To trace and advise contacts of patients suffering from venereal diseases.

(vii) To assist in the control of the spread of infectious disease. This duty will be carried out after consultations between the district Medical Officer of Health and the County Medical Officer.

(viii) To give help and advice, with the collaboration of the family doctor, in cases where members of the family are suffering from illness.

(b) Visits to schools and school clinics for the purpose of the school health service. In this connection, with the number of health visitors at present employed, it is impossible to provide for the attendance of health visitors at school medical inspections, except in the Boroughs of Poole and Weymouth. It is considered that such provision is very necessary in order to maintain an overall supervision of the family by the health visitor and to ensure that she will be in touch with all aspects of the assessment of a child's state of health.

(c) Attendance at child welfare centres, ante-natal clinics, post-natal clinics, minor ailments clinics, diphtheria immunisation and vaccination sessions, health centres, and possibly tuberculosis dispensaries and venereal disease clinics.

(d) The health visitors may be required to take part in schemes for the prevention of disease and the promotion of health by means of organised health education.

(3) In order to assess the number of health visitors required, the following factors have to be taken into consideration :—

(a) The number of children under five years of age allocated to each health visitor for supervision (i.e. the case load).

(b) The number of regular sessions allocated to each health visitor in respect of child welfare centres, ante-natal and post-natal clinics, minor ailments clinics, diphtheria immunisation sessions, school cleanliness and medical inspections, etc.

(c) The topographical features of the area.

(d) The distribution of the population.

(e) The boundaries of the areas of County District Councils.

All these factors have been considered in the preparation of the schedule annexed to these proposals which gives details of the proposed employment of health visitors and the allocation of work to each, which will be varied as the requirements of the Service demand.

The number of whole-time health visitors employed at present is twenty-five. In view of the additional duties which health visitors may be called on to undertake, and in view also of the advisability of providing for the attendance of health visitors at school medical inspections, it is proposed that an additional seven health visitors should be employed. The allocation of the thirty-two health visitors would be as follows :—County area 16, Poole 9, Weymouth and Portland area 7. This would give an average case load of about 600.

(4) It is not proposed to make any arrangements with voluntary organisations for the employment of health visitors.

(5) It is not considered necessary to make any joint arrangements with other local health authorities for a health visiting service.

(B) Transport.

The general procedure will be for health visitors to use their own cars for official purposes and they will be paid a travelling and subsistence allowance on the County scale. The County Council's scheme for lending money to travelling officers for the purpose of purchasing new cars will apply to health visitors. Where a health visitor cannot obtain a car for herself a County Council car may be loaned to her for a limited period.

ANNEXURE.

Schedule of the duties of health visitors in Dorset, both as at present and on the appointed day.

Description of area. (2)	Case Load.		Schools in area to be visited under new scheme. (5)	Sessions per month.										
	Present (3)	Proposed (4)		Child Welfare Centres.		School Clinics and Medical Inspections (excluding cleanliness inspections).		Tuberculosis Dispensaries.		Ante-Natal and Post- Natal Clinics.		Totals		
				Present (6)	Proposed (7)	Present (8)	Proposed (9)	Present (10)	Proposed (11)	Present (12)	Proposed (13)	Present (14)	Proposed (15)	
Thickly populated area converging on the town of Poole and scattered rural area.	400	600	Shapwick, Corfe Mullen, Sturminster Marshall, Lytchett Matravers, Lytchett Minster, Almer.	—	4	—	4	12	12	—	—	12	20	
The town of Swanage, several large villages and scattered rural area.	804	600	Studland, Corfe Castle, Herston, Swanage Cl. Mixed, Swanage Grammar, Langton Matravers, Swanage Cl. Inf., Corfe Castle, Kingston C.E.	4	4	—	5	—	—	2	2	6	11	
The town of Beaminster and large scattered rural area with many isolated farms.	824	600	Melbury Osmond, Evershot, Rempisham, Hooke, Corscombe, Halstock, Beaminster G. & I., Beaminster Grammar, Beaminster Boys', Netherbury, Melplash, Powerstock, Bradpole, Loders, Askerswell.	2	4	—	6	—	—	1	2	3	12	
The town of Wimborne, several large villages with growing population of young married people.	1052	600	Holt, Hinton Martell, Colehill, Ferndown, West Moors, Hampreston, Wimborne Minster G. & Inf., Wimborne St. Johns, Wimborne Grammar, Wimborne Council B., Pamphill, Gaunts, Witchampton.	6	6	—	8	—	—	2	4	8	18	
The towns of Shaftesbury and Gillingham and a large scattered rural area including several large villages.	747	600	Gillingham Grammar School, Gillingham S.M., Gillingham Cl. J.M., Bourton and Motcombe Primary, Enmore Green, East Stour, Stour Provost, Todber, East Orchard, Fontmell Magna, Iwerne Minster, Shaftesbury C.E. J.M. & I., Shaftesbury Grammar and Shaftesbury High School, Shaftesbury S.M., Alcester St. James, Cann, Melbury Abbas, Ashmore, Tarrant Gunville.	6	6	—	10	—	—	2	2	8	18	
Part of Dorchester and rural area with several large villages and isolated farms.	580	600	Cerne Abbas, Minterne Magna, Sydling St. Nicholas, Maiden Newton, Cattistock, Toller Porcorum, Frampton, Stratton, Bradford Peverell, Charminster, Winterborne Abbas, Abbotsbury, Portesham, Winterborne St. Martin, Dorchester Primary Girls & Inf., Dorchester West Fordington, Dorchester Sec. Modern, Dorchester County School for Girls.	4	4	—	8	—	—	8	5	12	17	

1	Description of area.	Case Load.		Schools in area to be visited under new scheme.	Sessions per month.									
		Present	Proposed		Child Welfare Centres.		School Clinics and Medical Inspections (excluding cleanliness inspections).		Tuberculosis Dispensaries.		Ante-Natal and Post-Natal Clinics.		Totals.	
2	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
7	A compact urban area.	672	600	Portland Tophill S.M., Portland Tophill Cl. J.M., Portland Methodist Inf., Portland Grove J.M., Portland St. Georges Inf., Portland St. John, J.M.	8	8	—	6	—	—	4	5	12	11
8	The town of Sherborne, several large villages, and scattered rural area.	924	600	Trent, Nether Compton, Sherborne Council M., Sherborne C.E., J.M. Sherborne C.E., S.M., Bradford Abbas, Thornford, Leigh, Chetnole, Yetminster Boyles, Yetminster G. & I., Oborne, Sherborne Lord Digby's, Sherborne Grammar.	5	4	—	6	—	—	3	3	8	11
9	The town of Blandford and scattered rural area.	935	600	Stourpaine, Winterborne Kingston, Iwerne Courtney, Pimperne, Durweston, Tarrant Monkton, Blandford Boys, Blandford Girls, Blandford Inf., Blandford St. Mary C.E., Spetisbury, Winterborne Whitechurch, Milton Abbas, Milborne St. Andrew, Tarrant Keynston.	4	4	—	5	—	—	2	3	6	11
10	Sturminster Newton, Stalbridge, and scattered rural area.	898	600	Buckhorn Weston, Marnhull C.E., Hinton St. Mary, Marnhull R.C., Stalbridge C.E., S.M., Stalbridge C.E., J.M., Manston, Lydlinch, Sturminster Newton C., Sturminster Newton C.E. Modern, Child Okeford, Shillingstone, Okeford Fitzpaine, Winterborne Stickland, Kington Magna.	2	2	—	5	—	—	—	—	2	1
11	Scattered rural area with isolated farms. (Health Visitor to be available for relief in other areas).	—	600	Hilton, Stourton Caundle, Bishops Caundle, Holwell, Woolland, Folke, Longburton, Pulham, Givanilles Wootton, Hazelbury Bryan.	—	—	—	3	—	—	—	—	—	—
12	Scattered rural area. This is a small area. (Health Visitor to be available for relief duty in other areas).	—	600	Moreton, Wool, Winfrith, East Lulworth, West Lulworth, East Burton.	1	4	—	3	—	—	—	—	—	1
13	The town of Wareham and large villages in scattered rural area.	647	600	Morden, Bloxworth, Bere Regis, Affpuddle, Bovington, Sandford, Wareham Cl. Modern, Wareham Cl. Inf., Wareham C.E., East Stoke, Arne Stoborough.	5	5	—	5	—	—	2	2	7	12

(1)	Description of area. (2)	Case Load.		Schools in area to be visited under new scheme. (5)	Sessions per month.								
					Child Welfare Centres.		School Clinics and Medical Inspections (excluding cleanliness inspections).		Tuberculosis Dispensaries.		Ante-Natal and Post-Natal Clinics.		
		Present (3)	Proposed (4)		Present (6)	Proposed (7)	Present (8)	Proposed (9)	Present (10)	Proposed (11)	Present (12)	Proposed (13)	Total (14)
14	Part of Dorchester and rural area with many villages.	580	600	Chesilbourne, Dewlish, Piddlehinton, Piddlethorpe, Puddletown, Tinton, Stinsford, Dorchester, Fordington, St. George's, Dorchester, C.E. Boys' Broadmayne, Owermoigne, Warmwell, Buckland Newton, Dorchester Grammar.	4	4	—	6	—	—	8	5	12
15	Bridport and surrounding villages.	822	600	Long Bredy, Litton Cheney, Shipton Gorge, Burton Bradstock, Bridport General Cl. S.M., Bridport General Cl. J.M., Bridport General Cl. Inf., Bridport C.E., J.M. & I., Bridport Allington C.E. S.M., Chideock C., Chideock R.C., Symondsbury.	4	4	—	6	—	—	2	3	6
16	Lyme Regis, Charmouth and scattered rural area.	—	600	Mosterton, Broadwindsor, Stoke Abbott, Drimpton, Thorncome, Marshwood, Salway Ash, Stanton St. Gabriel, Whitchurch Canonicorum, Charmouth, Lyme Regis C.E. S.M., Lyme Regis C.E. J.M., Lyme Regis C.E. Inf., Wootton Fitzpaine, Lyme Regis Grammar.	5	5	—	6	—	—	—	2	5
17	Scattered rural area with large villages.	—	600	Handley, Cranborne, Alderholt, Wimborne St. Giles, Verwood Cl. S.M., Verwood C.E. J.M., More Cricke, Gussage St. Michael, Woodlands, Verwood Three Cross, Three Legged Cross.	3	3	—	4	—	—	—	—	3
18	Borough of Poole. Large densely populated area.	800	600	Kemp Welch Cl. S.M., Henry Harbin S.M.	3	6	12	12	—	—	1½	1	16½
19	”	800	600		3	6	12	12	—	—	1½	1	16½
20	”	800	600	Lagland Street Cl. Inf., Hamworthy Cl. M. & I., Branksome Heath C.J.M., Branksome Heath Cl. I.	10	6	12	12	—	—	1½	1	23½

Description of area.	Case Load.		Schools in area to be visited under new scheme. (5)	Sessions per month.									
	Present (2)	Proposed (3)		Child Welfare Centres.		School Clinics and Medical Inspections (excluding cleanliness inspections).		Tuberculosis Dispensaries.		Ante-Natal and Post- Natal Clinics.		Totals.	
				Present (6)	Proposed (7)	Present (8)	Proposed (9)	Present (10)	Proposed (11)	Present (12)	Proposed (13)	Present (14)	Proposed (15)
<i>Borough of Poole—contd.</i>													
Large densely populated area.	800	600	Heatherlands Cl. J.M., Heatherlands Cl. I., Oakdale Cl. J.M., Oakdale Cl. I.	6	6	16	12	—	—	—	1	22	19
”	800	600	Courthill Cl. J.M., Courthill Cl. I., South Road Cl. J.M.	6	6	16	12	—	—	—	1	22	19
”	800	600	Martin Road Cl. J.M. & I., Broadstone Cl. J.M. & I., St. Aldhelm's J.M., St. Aldhelm's I.	4	6	8	12	—	—	—	1	12	19
”	800	600	St. Peter's, Parktone J.M., St. Peter's, Parkstone I., Longfleet J.M., Longfleet I.	10	6	12	12	—	—	—	1	22	19
”	—	600	St. James's Poole, J. G. & I., St. Mary's R.C. J.M. & I., Canford Magna C.E. J.M. & I.	—	6	—	12	—	—	—	1	—	19
”	—	600	St. Joseph's R.C. M. & I., Russell Cotes S.M.	—	6	—	12	—	—	—	1	—	19
<i>Borough of Weymouth.</i>													
Large populated area.	1000	575	Preston, Osmington, Broadwey, Upwey, St. Johns.	16	8	4+4*	4+4*	—	—	4	2	28	18
”	1000	575	Chickerell, Wyke, Radipole.	12	8	10	4+4*	—	—	4	2	26	18
”	1000	575	Weymouth Grammar.	8	8	10	2	—	—	4	2	22	12
(Appointment approved but vacancy not yet filled).	—	575	Holy Trinity, Nursery, Melcombe Regis Boys.	—	8	—	2	—	—	—	2	—	12
Large populated area.	—	575	St. Augustines, St. Marys, South Dorset Technical.	—	8	—	2	—	—	—	2	—	12
”	—	575	St. Pauls, Cromwell Road Junior, Central Boys, Central Girls.	—	8	—	2	—	—	—	2	—	12

Note: Clinics marked* are combined minor ailment and infant welfare clinics.

NATIONAL HEALTH SERVICE ACT, 1946.

(Section 25).

PROPOSALS FOR A HOME NURSING SERVICE.

(As approved by the Minister of Health, 27th May, 1948).

Part I.

Statistical Data.

Area of the County of Dorset in square miles	...	...	...	...	...	...	...	973.19
Mid-1946 population	...	...	...	...	...	...	...	258,090

Part II.

1. Description of the service which will operate on the appointed day.

(1) The County Council has asked the Dorset County Nursing Association to act as their agents in maintaining a home nursing service, and the County Nursing Association has agreed to undertake the work.

The County Nursing Superintendent, who will be an officer both of the County Council and of the County Nursing Association, will supervise the work of the nurses employed on home nursing duties.

(2) It is not proposed that the County Council should employ any nurses directly.

(3) The agreement which the County Council will have with the Dorset County Nursing Association will be on the following lines:—

(a) The County Nursing Association will maintain an efficient home nursing service to cover the whole County.

(b) The County Nursing Association will act as the agents of the County Council in relation to the District Nursing Associations.

(c) One-quarter of the members of the Executive Committee of the County Nursing Association will be members of the County Council.

(d) The areas of District Nursing Associations will be defined by agreement between the County Council and the County Nursing Association.

(e) The County Council will make an annual financial grant to the Dorset County Nursing Association which will cover the cost of (i) the salaries of the nurses, the County Nursing Superintendent and her assistants, and the clerks employed by the Association; (ii) the travelling expenses of the nurses, including the purchase of new cars when necessary; (iii) the uniform and laundry expenses of the nurses; (iv) necessary expenditure on housing nurses; and (v) approved administrative expenditure, including the cost of telephones.

Over most of the County the home nurses will also act in the capacity of midwives. It is proposed that in terms of whole-time nurses approximately forty will be employed, exclusive of reliefs for which adequate provision will be made. Where suitable arrangements can be made, independent nurses in private practice may be employed on relief work or in a part-time capacity.

(4) It is not proposed at present that there should be any joint arrangements with other local health authorities.

2. Transport of Nurses.

The aim will be eventually to provide a car for every nurse. At present out of the seventy-three nurses employed by the District Nursing Associations forty-eight are provided with cars and nine own their cars.

Part III.

Development Plan.

It is hoped that there will be nothing to prevent the County Council and the Dorset County Nursing Association from providing an adequate home nursing service from the appointed day. The main difficulties which are likely to arise are connected with the recruitment of nurses and with the arrangements made to provide for their housing and their transport. In these respects the same remarks apply as have already been made in Part III of the proposals dealing with the midwives service.

It is difficult to foretell what additional demands there will be for home nurses after the appointed day, and to what extent there may be need for a 24-hour service. It has already been suggested that nurses now in private practice may be employed in a part-time capacity to deal with demands which cannot be met by the nurses who will be employed on the appointed day. To meet emergencies, allowance has been made in the estimated expenditure to cover the salaries of ten additional nurses over and above the suggested establishment. This money will only be needed if the nursing service as proposed fails to meet the public need.

NATIONAL HEALTH SERVICE ACT, 1946.

(Section 26).

PROPOSALS FOR VACCINATION AND IMMUNISATION.

(As approved by the Minister of Health, 17th March, 1948).

Part I.

Statistical Data.

1. Total mid-1946 population of the Authority's area—258,090.
2. Mid-1946 child population of the Authority's area:—
 - (a) Under 5: 20,580.
 - (b) Ages 5-15: 35,280.
3. Number of registered live births in the Authority's area in 1946—4,911.
4. Estimated percentage of mid-1946 child population who had been immunised against diphtheria up to 31st December, 1946:—
 - (a) Under 5: 61.6.
 - (b) Ages 5-15: 90.2.
5. An estimate of the number of vaccinations against smallpox and immunisations against diphtheria of children aged 0-15 years which are likely to be undertaken in the year to 31st March, 1949:—Vaccinations—2,500; Immunisations, including re-inforcing doses—6,500.

Part II.

Diphtheria Immunisation.

6. A. *Children under 5.*

(a) *General Plan.* It is the intention to secure the immunisation of as many children as possible against diphtheria. To attain this object the services of general practitioners, medical officers of health and their assistants, health visitors, and district nurses will all be utilised; the premises available consist of clinics, health centres, and the surgeries of general practitioners; the County Ambulance Service will be used to transport children whenever necessary.

Health Visitors will continue to be primarily responsible for securing parental consents, and will endeavour to obtain these by the time an infant reaches the age of nine months. The consent form to be used enables parents to choose whether the child shall be immunised by a Medical Officer of Health or by their own family doctor. In either case the health visitor will tell the mother where and, if possible, when the child can be immunised. Where parents wish their child to be immunised by the family doctor but cannot, owing to travelling difficulties, take the child to the doctor's surgery, the County Medical Officer will ask the doctor concerned to immunise the child at home.

(b) *Arrangements for Sessions.* In general, immunisations will be performed at the ordinary openings of welfare centres, or at special sessions in general practitioners' surgeries in areas where no welfare centre is conveniently close. A list of the thirty-six welfare centres in the County, at all of which immunisation is offered, is set out in the Appendix to these proposals. Health visitors will ascertain from the general practitioners in their area the days and times when the latter will be prepared to immunise children in their surgeries. Where a child cannot be immunised unless transport to a welfare centre is provided, the necessary arrangements will be made through the County Ambulance Service.

(c) *Organised measures for encouraging Immunisation.* The obtaining of parental consents will play a most important part of the duties of health visitors. They will be provided with suitable leaflets to hand to the parents in the homes which they visit. Special letters will be sent to parents by the County Medical Officer where a health visitor considers this advisable. Midwives, district nurses and school teachers in all parts of the County will be given full particulars of local arrangements to enable them to answer any enquiries they may receive from parents about immunisation.

(d) *Keeping the Public Informed.* Details of local facilities for immunisation will be displayed on posters in welfare centres and other suitable places, and advertised in the local press at quarterly intervals.

(e) *Maintenance of local propaganda.* Films will be shown from time to time and lectures given in welfare centres and to other suitable audiences such as Women's Institutes and Parents' Associations. Full use will be made of any national publicity material made available by the Ministry of Health.

B. *Children of School Age.*

(a) *General Plan.* It is the intention to ensure that as many school children as possible are immunised against diphtheria, and that their resistance to the disease is kept at a high level during their school career. To attain this object the services of general practitioners, school medical officers, and school nurses will be utilised. Children will be immunised either at school or at the surgeries of general practitioners.

Shortly before a new school entrant is to be medically examined by the school medical officer, the head teacher will send a form to the parents enquiring (i) whether the child has been immunised and, if so, when and where; (ii) if not, whether they consent to immunisation and whether they wish the procedure to be carried out by the school medical officers or by their own doctor. Parents of children who have been immunised in infancy, but who are due for a re-inforcing injection (see paragraph (f) below), will be asked to furnish similar information.

(b) *Arrangements for Sessions.* Children due for either primary immunisation or a re-inforcing dose, and whose parents have asked for the injection to be given at school, will be immunised at the first medical inspection held after receipt of the parental consent. Special sessions for the immunisation of school children will not be held, but school medical officers will be ready to immunise children when they carry out routine medical inspections.

(c) *Organised measures for encouraging Immunisation.* The majority of parents will know the advantages of immunisation before their children reach school age. School nurses, however, will visit the homes of those children who enter school without having been immunised in the past and whose parents will not consent to immunisation at school, in an endeavour to change the attitude of the parents.

Head Teachers will be supplied with consent forms, instructional leaflets and up-to-date information about the facilities available locally for immunisation for issue to parents requiring information.

(d) *Keeping the Public Informed.* Suitable leaflets will be issued to all parents when their children are due for routine medical inspections at school.

(e) *Maintenance of local propaganda.* Films will be shown and lectures given to suitable audiences of parents and teachers and, as a long-term policy, steps will be taken to interest the older children in the subject so that when they are parents they will wish their children to have the advantages of modern prophylactic treatment.

(f) *Arrangements for Re-inforcing Doses.* It is advisable for children to be given a re-inforcing dose of antigen about every four years up to the age of twelve, but in the first instance, it will be necessary to concentrate on obtaining parental consents to the re-inforcing injection which is ordinarily due when a child who was immunised in infancy enters school. Where parental consent is obtained the re-inforcing dose will be given by the school medical officer when he examines the child. Parents, however, will be given the opportunity to take their child to the family doctor for the re-inforcing dose if they so wish.

C. Records and Payment of Fees.

Medical Officers and general practitioners performing immunisation will be required to complete and send to the County Medical Officer the form of record which the Minister of Health requests the County Council to use. The County Council will keep the records in such a manner as will enable them to furnish returns to the Minister as he may require.

On receipt of a completed form of record the County Medical Officer will credit general practitioners with the fee agreed between their representatives and the Ministry of Health. It is understood that practitioners will only be paid upon receipt of the record duly completed.

D. Medical Arrangements.

In cases where parents elect to have their children immunised by their own family doctor, the doctor will be notified of the name, address and age of the child concerned. It is understood that the necessary immunising material will be supplied to practitioners by the Ministry of Health either direct or through the County Council.

A large proportion of parents may choose to have their children immunised by medical officers of health, either at welfare centres or schools. Medical officers of welfare centres and school medical officers will, therefore, undertake immunisations as part of their routine duties.

Smallpox.

7. A. Infant Vaccination.

(a) *General Plan.* It is the intention to secure the vaccination of as many infants as possible. To attain this object the services of general practitioners, medical officers of welfare centres, health visitors and midwives will be utilised. The premises available consist of the surgeries of medical practitioners clinics and health centres. The County Ambulance Service will be used to transport children whenever necessary.

Efforts will be made to obtain parental consent to vaccination as soon as possible after the birth of an infant. When consent has been obtained a card will be given to the parent with instructions to take the infant to the family doctor. Possibly some parents may not wish their infants to be vaccinated by their own doctor but would be willing for the vaccination to be performed by the medical officer of a clinic or welfare centre. In such cases the vaccination will be performed by the medical officer concerned.

(b) *Arrangements for Sessions.* It is doubtful if vaccination sessions are either practicable or advisable in rural areas. The majority of parents will probably wish their children to be vaccinated by their own doctors but if in the urban areas of the County applications for vaccination at welfare centres are numerous, special sessions will be arranged (e.g. at the first opening in the month).

(c) *Organised measures for encouraging Vaccination.* Shortly after receipt of a birth notification a leaflet explaining the purpose of vaccination, and a form of consent, will be sent by the County Medical Officer to the parents. Health visitors will be instructed that on their visits to the home of a newly born infant they should try to obtain parental consent to vaccination. The services of midwives will also be utilised to influence parental opinion and they will be provided with suitable leaflets and consent forms for use as seems appropriate.

(d) *Keeping the Public Informed.* It will be necessary to keep the advantages of the procedure before the public and, apart from the routine educational work of the medical and nursing staff of the local health authority, lectures and film shows will be arranged from time to time in welfare centres, ante-natal clinics and other suitable places. Posters will be displayed in public places and full use made of any publicity material which the Ministry of Health may make available.

B. Records and Payment of Fees.

General practitioners and medical officers performing vaccinations will be required to complete such standard form of record as the Minister of Health may request the County Council to use. The County Council will keep the records in such a manner as will enable them to furnish such returns to the Minister as he may require.

The County Medical Officer will obtain the name of the family doctor from the form of consent completed by the parents. Particulars of the infant awaiting vaccination will be sent to the doctor with the request that when the vaccination has been completed the record be despatched to the County Medical Officer. On receipt by the County Medical Officer of a completed record card, practitioners will be credited with the agreed fee. It is understood that practitioners will only be paid upon receipt of the record duly completed.

C. Arrangements in the event of an outbreak of Smallpox.

In the event of an outbreak of smallpox in any part of the County involving a large emergency demand for public vaccination (or re-vaccination) arrangements will be made with general practitioners for public vaccination sessions to be held in any suitable premises, such as clinics, health centres, halls or schools. The public will be informed by means of loud-speaker vans, press notices, and announcements in cinemas and other places of public entertainment of the measures in operation.

D. Medical Arrangements.

General practitioners will probably undertake the majority of vaccinations, and parents will be encouraged to use the services of their family doctor for this purpose. Some parents may wish their infants to be vaccinated at the local welfare centre, but this will only be done as a routine in places where the welfare centre is open often enough to enable the medical and nursing staff to give adequate supervision, and treatment if necessary.

Part III.

8. The estimated expenditure (excluding fees payable to family doctors for records of individual vaccinations or immunisations) for the year ending 31st March, 1949, is as follows:—

(a) *Administration.*

										£	£
(i)	Salaries—Clerical Staff (allocation)	...	...	...	...	...	...	...	...	800	
(ii)	“ —Medical staff (allocation)	...	...	...	...	...	...	...	...	900	
(iii)	“ —Nursing staff (allocation)	...	...	...	...	...	...	...	...	900	
(iv)	Stationery, printing, postage, telephones, storage of material, and incidentals	...	...	...	...	...	...	...	...	250	
(v)	Provision of premises (allocation)	...	...	...	...	...	...	...	...	300	
(vi)	Transport of children	...	...	...	...	...	...	...	...	100	
(vii)	Travelling expenses of Medical Officers, Nurses, etc.	...	...	...	...	...	...	...	...	250	
										3,500	
(b)	<i>Propaganda</i>	...	...	...	...	...	...	...	...	100	
										£3,600	

APPENDIX.

CHILD WELFARE CENTRES.

Centre.	Address.	Days of Opening when Medical Officer attends (each month).	Times of Opening.
Beaminster	Hosghill, White Hart Street, Beaminster	2nd and 4th Thursday	2 p.m.
Bere Regis	The Old School, Tower Hill, Bere Regis	1st Friday	2.30 p.m. to 4 p.m.
Blackdown	The Hut, Blackdown	4th Tuesday	2.30 p.m. to 4 p.m.
Blandford	Congregational Church Hall, Salisbury Street, Blandford	1st and 3rd Thursday	2 p.m. to 4 p.m.
Bridport	Friends Meeting House, Bridport	Every Friday	2.30 p.m. to 4 p.m.
Dorchester	County Clinic, Glyde Path Road, Dorchester	Every Wednesday	2 p.m.
Ferndown	Village Hall, Church Road, Ferndown	1st and 3rd Thursday	2.30 p.m.
Gillingham	St. Mary's Church Hall, Gillingham	Every Friday	2.30 p.m. to 4 p.m.
Handley	Unity Hut, Handley	2nd Wednesday	2.30 p.m. to 4 p.m.
Lyme Regis	Woodmead Hall, Hill Road, Lyme Regis	Every Thursday	2.30 p.m. to 4 p.m.
Milton Abbas	C/o. Dr. Hensel, Milton Abbas, Blandford	1st and 3rd Friday	2.30 p.m. to 4 p.m.
Portland (Tophill)	Easton School Hall, Portland	Every Friday	2 p.m.
Portland (Underhill)	Congregational School Room, Portland	Every Tuesday	2 p.m.
Shaftesbury	Westminster Memorial Hospital, Shaftesbury	2nd and 4th Thursday	2.30 p.m. to 4 p.m.
Sherborne	County Clinic, Horsecastles, Sherborne	Every Tuesday	2 p.m. to 4.30 p.m.
Swanage	Wesleyan School, High Street, Swanage	Every Friday	2 p.m.
Verwood	The Square, Verwood	2nd and 4th Thursday	2.30 p.m.
Wareham	Masonic Hall, Wareham	Every Thursday	2 p.m. to 4 p.m.
Wimborne	Women's Institute Hall, Wimborne	Every Tuesday	2 p.m.
Wool	The Recreation Hall, Spring Street, Wool	1st Tuesday	2.30 p.m. to 4 p.m.
Poole	67, Market Street, Poole	Every Wednesday	10 a.m.
Poole	Church Hall, Creekmoor Lane, Poole	2nd Tuesday	2 p.m.
Poole	St. George's Hall, Dorchester Road, Oakdale	1st and 3rd Tuesday	2 p.m.
Poole	Congregational Church Hall, Longfleet Road, Poole	1st and 3rd Wednesday	2 p.m.
Parkstone	Council Buildings, Shillito Road, Parkstone	Every Friday	2 p.m.
Parkstone	Evangelical Free Church Hall, Ringwood Road, Parkstone	1st and 3rd Thursday	2 p.m.
Parkstone	14, Commercial Road, Parkstone	Fortnightly on Mondays	2 p.m.
Broadstone	Methodist Church Hall, Broadstone	2nd Thursday	2 p.m.
Canford Cliffs	Village Hall, Ravine Road, Canford Cliffs, Poole	4th Tuesday	2 p.m.
Hamworthy	Hamworthy School, Blandford Road, Hamworthy, Poole	2nd and 4th Wednesday	2 p.m.
Wallisdown	Methodist Schoolroom, Wallisdown, Bournemouth	4th Thursday	2 p.m.
Rossmore	Church of Good Shepherd, Herbert Avenue, Rossmore, Poole	2nd and 4th Thursday	10.30 a.m.
Weymouth	Health Centre, Westham Road, Weymouth	Every Tuesday and Thursday	2 p.m. to 4 p.m.
Sutton Poyntz	Reading Room, Sutton Poyntz, Weymouth	Every Wednesday	10.30 a.m. to 12 noon.
Broadwey	The Reynolds Institute, Broadwey, Weymouth	Every Wednesday	2 p.m. to 4 p.m.
Wyke Regis	Women's Institute, Galway Road, Wyke Regis, Weymouth	Every Wednesday	2 p.m. to 4 p.m.

NATIONAL HEALTH SERVICE ACT, 1946.

(Section 27).

PROPOSALS FOR A COUNTY AMBULANCE SERVICE.

(As approved by the Minister of Health, 9th June, 1948).

Part I.

1. Total mid-1946 population of the Authority's area—261,589.
2. Area in square miles—973.19.
3. Particulars of existing ambulance services.

Full details are set out in the Appendix, of which the following is a summary:—

(1) (a) Description of Existing Ambulance Services.

Local ambulance services are at present organised and administered by:—

- (i) Local Authorities, including Joint Hospital Boards.
- (ii) Hospitals.
- (iii) Voluntary Organisations (including "ad hoc" Committees).

(b) Present Location of Ambulances.

- (i) Local Authorities' ambulances for general work:—

Owning Authority.	No. of Ambulances.		District Served.
Blandford Borough	...	1	Blandford and District.
Poole Borough	...	2	Poole.
Portland U.D.C.	...	1	Portland.
Sturminster R.D.C.	...	1	Sturminster Rural District.
Swanage U.D.C.	...	1	Swanage.
Wareham and Purbeck R.D.C.	...	1	Wareham Borough and Rural District.
Weymouth Borough	...	2	Weymouth and District.
Wimborne U.D.C.	...	1	Wimborne and District.
Wimborne and Cranborne R.D.C.	...	1	Wimborne Rural District.
		11	
		—	

(ii) Local Authorities' Ambulances for Infectious Diseases:—

Owning Authority.	No. of Ambulances.		District Served.
Dorchester Borough	...	1	Dorchester and District.
Poole Borough	...	2	Poole and East Dorset.
Bridport Joint Hospital Board	...	1	West Dorset.
North Dorset Joint Hospital Board	...	1	North Dorset.
		5	
		—	

N.B.—In Weymouth and Portland the general ambulances convey persons suffering from infectious diseases.

(iii) Hospital Ambulances for general work:—

Owning Authority.	No. of Ambulances.		District Served.
Bridport Hospital	...	1	Bridport and District.
Dorset County Hospital	...	1	Dorchester and District.
Lyme Regis Hospital	...	1	Lyme Regis and District.
		3	
		—	

(iv) Voluntary Organisations' Ambulances:—

<i>Owning Organisation and Situation.</i>		<i>No. of Ambulances.</i>	<i>District Served.</i>
<i>British Red Cross Society.</i>			
Charmouth	...	...	1
Poole	...	...	1
		—	2
<i>St. John Ambulance Brigade.</i>			
Dorchester	...	...	1
Poole	...	...	1
Shaftesbury	...	...	1
Weymouth (Whiteheads Torpedo Works)		1	Factory ambulance only.
		—	4
<i>Ambulance Committees.</i>			
Gillingham	...	...	1
Sherborne	...	...	1
		—	2
		—	8

Total number of ambulances operating in the County:—27.

(c) *Present Organisation of Hospital Car Service.*

With the exception of the one sitting-case car owned by the Borough of Poole, the conveyance of patients by car is at present arranged by a voluntary organisation known as the Hospital Car Service. The whole county is covered by means of area organisers in the following centres:—Weymouth, Dorchester, Bridport, Sherborne, Shaftesbury, Blandford, Wimborne, Poole, and Wareham. In each of these areas there is a pool of volunteer drivers who convey in their own cars patients to and from hospitals, clinics and dispensaries.

(d) *Staff.*

Various arrangements are in force at the moment and there is a great divergency in the scale of wages or fees paid to the drivers and attendants. The Hospital Car Service is an entirely voluntary organisation, but the drivers are reimbursed to the extent of 3d. per mile. 195 volunteer drivers are at present available.

(e) *Maintenance, Repairs and Operating Costs.*

As far as can be ascertained the ambulances of the voluntary organisations are maintained by local garages to whom payment is made for work done. Local authorities' ambulances are normally oiled, greased and cleaned by their own full-time drivers, who also carry out simple repairs and adjustments.

The repairs are, in all cases except Poole Borough, executed by local garages.

The administrative work is carried out by the staffs of the local authorities and hospitals and members of the voluntary organisations, and it is difficult to assess accurately the proportion of expenditure that should be charged to the ambulance services.

The total cost of operating the existing ambulance service is estimated at £15,000 per annum, but this figure is probably an underestimate.

Part II.

1. *Service which will operate from the appointed day.*

The following table shows the ambulance cover for the county, which it is proposed to have in operation on the appointed day:—

<i>Ambulances based on</i>	<i>No. of Vehicles that will pass to the Local Health Authority.</i>	<i>No. of Vehicles operated by Voluntary Organisations.</i>	<i>Estimated Population served in orbit.</i>	<i>No. of Hospitals and Public Assistance Institutions in orbit.</i>
Lyme Regis	1	—	7,000 (including part of Devon)	2
Charmouth	—	1 B.R.C.S.	—	—
Bridport	2*	—	13,000	4
Dorchester	2*	1 S.J.A.B.	20,000	4
Weymouth	2	—	45,000	4
Portland	1	—	11,000	3
Sturminster Newton	2*	—	11,000	3
Blandford	1	—	11,000	2
Wareham	1	—	12,000	2
Gillingham	—	1 Ambulance Committee	8,000 (including part of Somerset)	—
Shaftesbury	—	1 S.J.A.B.	11,000 (including part of Wilts)	2
Sherborne	—	1 Ambulance Committee	12,000 (including part of Somerset)	1
Wimborne	1	—	} 26,000	3 (also hospitals in Bournemouth)
Ferndown	1	—		
Swanage	1	—	10,000	3
Poole and Parkstone	4	2 S.J.A.B.	75,000	3 (also hospitals in Bournemouth)
Reserve Ambulances (To be based at Dorchester)	2	21 full-time Local Health Authorities' Ambulances.	272,000 (includes parts of Somerset, Wilts and Devon)	

7 Voluntary Organisations' ambulances paid on mileage. Hospital Car Service as organised at present, with the volunteer drivers reimbursed on a mileage basis.

7 Service Ambulances which can be used in an emergency but will remain outside the scheme.

*Includes a vehicle earmarked for the conveyance of patients suffering from infectious disease.

(A) *Co-ordination of Existing Services.*

It will be seen from the foregoing Table that seven vehicles will be independently owned by the voluntary organisations. The St. John Ambulance Brigade and the Gillingham Ambulance Committee have already agreed to make their vehicles available both for emergency calls and also for longer journeys of which notice can be given in advance. These will be paid for on a mileage basis.

As regards the Hospital Car Service it is proposed that the volunteer drivers will be paid on a mileage basis, and where a journey necessitates the absence from home of a driver for a considerable time a subsistence allowance will be paid on the County scale. The administrative expenses of the organisation, which will include the rental of offices, telephones and postage, will be repaid by the County Council on receipt from the County Organiser of detailed statements of expenditure.

(B) *Redistribution and Augmentation of Existing Services.*

It is not proposed to make any major changes as from the appointed day.

Two new ambulances will be ordered to provide the reserves based on Dorchester.

Further expansion and modification of the service will doubtless become necessary when the National Health Service Act comes into full operation, and proposals for this are shewn in paragraph 2 under the heading "Development Plan".

(C) *Consultation with other Local Health Authorities in regard to Joint Arrangements.*

It is proposed to make arrangements with adjoining authorities whereby mutual aid will be provided on a "give-and-take" basis without the necessity for financial adjustments. If expedient, arrangements will also be made by the County Council with neighbouring authorities for the provision of services by one authority in the area of another. Ambulances are sited in particular towns for reasons of convenience alone and will be available to the surrounding area, and also for special journeys to any other part of the County or outside the County.

(D) *Staff.*

The proposals for staffing are as follows:—

(1) *Drivers and Attendants.* The long-term policy is to site ambulances and sitting-case cars in such a way that whole-time drivers and attendants can always be kept usefully employed. Arrangements will, if necessary, be made with hospital authorities for the continued use of the part-time service of hospital staff. Until new ambulance stations can be built and efficient re-siting is practicable the following establishments are regarded as the minimum essential for ambulances owned by the County Council:—

Situation.	Drivers.		Attendants.	
	Whole-time.	Part-time.	Whole-time.	Part-time.
Blandford	—	2	—
Bridport	—	2	—
Dorchester	2	—	1
Lyme Regis	—	2	—
Poole	4	—	4
Portland	—	2	—
Sturminster Newton	—	2	—
Swanage	—	2	—
Wareham	—	2	—
Weymouth	3	—	3
Wimborne	—	1	—
Ferndown	1	—	—
Totals	10	15
			8	14

(Note).—The ambulances owned by the Voluntary Organisations or Ambulance Committees, and run on an agency basis, will be manned by the Organisations or Committees concerned. It is contemplated that agency arrangements will be made with the Sherborne and Gillingham Ambulance Committees, the Poole, Shaftesbury, and Dorchester St. John Ambulance Brigades, and the Charmouth British Red Cross Society's Detachment.

Wherever possible the attendants should also be able to drive the ambulance, and both driver and attendant will be trained in first aid. The part-time drivers and attendants will be paid on a "call-out" basis, and will, where necessary, receive a subsistence allowance in accordance with the County Scale. If necessary, a retaining fee may also have to be paid.

The drivers and attendants of the vehicles owned by the voluntary organisations may or may not be paid, but the organisations will be paid a mileage rate by the County Council to cover their costs.

The drivers of the Hospital Car Service will also work in a voluntary capacity but will receive a mileage allowance to cover the cost of running expenses.

Whole-time drivers will be required (i) to service vehicles, wash, oil, grease and carry out elementary repairs; (ii) to transport stores and equipment when necessary and (iii) to keep up their first aid training and ambulance drill.

In addition to ordinary duties, whole-time attendants will be required to "stand in" for the driver and to keep up their knowledge of first aid, ambulance and stretcher drill.

Invitations will be extended to the voluntary organisations to assist in manning the ambulances. This will be of mutual benefit in that the Ambulance Service will secure added help and the organisations concerned will feel that the scope of their work in aiding the injured will be increased rather than diminished.

(2) *County Ambulance Officer.* The duties of this Officer will be to supervise the efficient running of the service and to deal with day-to-day matters that will arise in the administration of an efficient service. He will also require a knowledge of internal combustion engines, garage and workshop practice, and will be required to liaise with voluntary organisations and plan the future development of the Ambulance Service to keep step with the growth of the National Health Service.

The County Ambulance Officer will be responsible to the County Medical Officer and will be in executive control of the Ambulance Service. Matters closely linked to the Ambulance Service, which are of a medical character, are outside his orbit and will be supervised by Medical Officers in the County Districts.

(3) *Clerical Staff.* Estimates have been included for clerical assistance to keep the various records and returns which will be required by the Ministry of Health and the financial and other departments concerned.

It is not contemplated that the voluntary organisations which will take part in the scheme will need to employ paid clerical staff, but the Hospital Car Service organisers may find it necessary to employ part-time paid clerical staff in their area offices.

(4) *Summary of Staff required before Development Plan is put into effect:—*

<i>Operational Staff.</i>	<i>Whole-time.</i>			<i>Part-time.</i>
Ambulance drivers	11	14
Ambulance attendants ... (who are able to drive)	9	4
Depot Supervisor (Poole)	1	—
<i>Administrative Staff.</i>				
Ambulance Officer (part-time or whole-time)	1	—	—
Senior Clerk	1	—
Clerical assistance—Poole and Weymouth expressed in terms of clerical full-time staff	1	—

Note.—Whole-time personnel will be paid J.I.C. overtime rates if called upon outside their normal hours of duty.

(E) *Maintenance and Servicing.*

The mechanical condition of the ambulances that will be acquired is poor. Many of them are from twelve to fifteen years old and spare parts are difficult to obtain. Bearing this in mind, it is proposed to deal with maintenance and servicing as follows:—

(1) Drivers will undertake oiling, greasing, simple repairs and adjustments and washing.

(2) The existing arrangements described under paragraph 3 (1) (e) of Part I whereby repairs which are beyond the capabilities of drivers are undertaken by local garages will be continued, and endeavours will be made to secure priority for the ambulance service.

If a surplus "blister" type aeroplane hangar can be obtained for a nominal sum from the R.A.F. Disposals Board, it will be erected on a site in Dorchester for use as a garage for up to six vehicles.

(F) *Calling the Ambulance.*

There are Fire Stations and telephone switch arrangements at all the suggested Ambulance Station sites. Arrangements are being made with fire stations in "D" Division of the National Fire Service (which will be taken over by the County Council) to take all local ambulance calls and to relay them to the ambulance driver. The long-term policy is to build Ambulance Stations adjacent to Fire Stations. The Council will keep all hospitals and other institutions for the sick, all general medical practitioners, dentists, nurses, domiciliary midwives, the police, fire service and telephone authorities in or serving the County informed of the action to be taken to call an ambulance.

(G) *Conveyance of Patients by Railway.*

Where it is necessary for the Local Health Authority to provide transport for a person who has to make a long journey and can without detriment to his health most conveniently be conveyed for part of it by railway, as a stretcher case or in some similar way involving special arrangements with the railway undertaking the Local Health Authority propose to arrange accordingly.

2. *Development Plan.*

(1) *Immediate Requirements—1948/49.*

(a) *Ambulances.* Apart from the two reserve ambulances to be based at Dorchester (see Part II, para. 1), two new ambulances will also be ordered to replace those at Poole and Dorchester, which are the two requiring to be replaced most urgently.

In addition, it is assumed that one car and nineteen ambulances which are at present owned by District Councils, Joint Boards or Hospitals will be transferred to the County Council.

(b) *Sitting-case Cars.* Two will be ordered—one to be stationed at Dorchester and the other at Weymouth. There is already a whole-time car stationed at Poole.

(c) *Garage.* Efforts are being made to provide a garage for six vehicles at Dorchester (see Part II, para. 1 (E)).

(2) *General Requirements.*

(a) *Ambulance Stations.* Satisfactory unified control cannot be gained until Ambulance Stations are constructed. It is proposed to build twelve ambulance stations which will be sited at Weymouth, Dorchester, Bridport, Lyme Regis, Sherborne, Sturminster Newton, Shaftesbury, Blandford, Wimborne, Poole, Wareham and Swanage. The advantages of siting Ambulance Stations close to Fire Stations or Hospitals are obvious and every effort will be made to do this.

The suggested programme for the erection of ambulance stations is given below:—

<i>Year.</i>	<i>Number.</i>	<i>Situation.</i>
1949	2	Dorchester and Wimborne.
1950	3	Bridport, Weymouth and Poole*.
1951	3	Sherborne, Blandford and Swanage.
1952	4	Wareham, Lyme Regis, Shaftesbury and Sturminster Newton.

*N.B.—The existing station at Poole is satisfactory and only minor modifications may be required.

(b) *Vehicles.* A tentative replacement programme for ambulances and cars is given below:—

Year.		Ambulances.	Cars.
1948	4*
1949	2
1950	2
1951	3
1952	4

* two to replace worn out vehicles at Poole and Dorchester and two to form the County reserve.
† one for Dorchester and one for Weymouth.

The speed at which cars have to be purchased will depend on how long the Hospital Car Service will continue to operate.

The requirements of the ambulance service will be kept under constant review and the number of vehicles, either directly provided or through the agency of voluntary organisations, will be increased, if necessary, up to a total of 32 ambulances and 18 sitting-case cars. Assuming that the voluntary organisations continue to operate within the County Service, the distribution of the directly provided vehicles will, subject to such temporary redistribution as may from time to time be necessary, be as follows:—

		Ambulances.	Cars.
Weymouth	...	3	2
Dorchester	...	2	1
Bridport	...	1	1
Lyme Regis	...	1	1
Sherborne	...	3	2
Sturminster	...	1	1
Shaftesbury (or Gillingham)	...	1	1
Blandford	...	1	1
Wimborne	...	2	1
Poole	...	5	3
Wareham	...	1	1
Swanage	...	1	1
County Reserve	...	2	2
Totals ...		<u>24</u>	<u>18</u>

Any increase in the number of directly provided ambulances which may be necessitated by the withdrawal from the county service of any of the voluntary organisations services, or otherwise, will be deployed at such places as the needs of the service may require.

(c) *Staff.* There will be a gradual change-over from part-time to whole-time staff as Ambulance Stations are completed. Eventually each ambulance will have one whole-time driver and, with perhaps one or two exceptions, one whole-time attendant, who will also be able to drive. This will be necessary even in the case of the more remote ambulance stations since long journeys to and from clinics and hospital out-patient departments will have to be made from these areas. The number of paid driver/attendants will be increased, if necessary, up to a total not exceeding 60 whole-time staff or their equivalent in part-time staff. At present there are 195 voluntary Hospital Car Service Drivers. Station Supervisors will be employed at Poole and Weymouth.

(d) *Maintenance Arrangements.* It is possible that the County Council will establish their own depot for the repair of all County-owned vehicles. In the meantime, however, maintenance and repair of the ambulance service vehicles will be very closely co-ordinated with Fire Service arrangements.

(3) *Comment on Development Plan.*

There are two factors which may cause changes to be made in the Development Plan.

(a) The future of the voluntary ambulance organisations cannot be forecast with certainty. So long as these organisations can maintain an efficient and economical service in any locality there seems little doubt that their vehicles will be usefully employed in the Council's scheme.

(b) The combination of the Ambulance Service with the Fire Service or a close association of the Ambulance Service with the Hospital Service offers great advantages in a rural area. The possibility of partial combination with the Fire Service is contemplated in the Development Plan, and further detailed consideration will be given to the procedure as suggested in paragraph 4 of Ministry of Health Circular 109/47, if the alternative proposal of siting Ambulance Stations close to Hospitals is not carried out.

APPENDIX.

1. (a) *Local Authorities.*
 (i) *Ambulances for general work.*

(A) District served.	(B) Ambulances.			(C) Sitting-case Cars.			(D) Other vehicles.			(E) Ambulance Stations.	Sole or Joint control	Condition of vehicle.	
	No.	Type.	Stretcher capacity.	No.	Type	Capacity.	No.	Type	Stretcher capacity.			Age.	Replace- ment advisable.
andford and district ...	1	Hillman 21 h.p.	3	Nil	—	—	Nil	—	—	Badger Garage	Sole	1937	1952
ole and district ...	1	Morris 26 h.p.	2	—	—	—	—	—	—	55, Parkstone Road	Sole	1938	1951
	1	Austin 26.9 h.p.	2	—	—	—	—	—	—	ditto	Sole	1944	1954
		—	—	1	Vauxhall 14 h.p.	2	—	—	—	ditto	Sole	1935	1949
		—	—				1	Trailer	2	ditto	Sole	—	—
lland Urban District	1	Austin 22 h.p.	2	Nil	—	—	Nil	—	—	Council Garage, Underhill	Sole	1930	1950
rmminster Rural District	1	Austin 16 h.p.	2	Nil	—	—	Nil	—	—	Harvey's Garage, Bath Road	Sole	1935	1951
anage and district ...	1	Morris 25 h.p.	2	Nil	—	—	Nil	—	—	Council's Yard	Sole	1935	1955
reham Rural District	1	Humber 23.8 h.p.	2	Nil	—	—	Nil	—	—	R.D.C. Offices	Sole	1935	1955
ymouth Borough nd District	1	Austin 18 h.p.	2	Nil	—	—	Nil	—	—	Health Centre	Sole	1938	1949
	1	Chevrolet 24 h.p.	1	Nil	—	—	Nil	—	—	Corporation Yard	Sole	1941	1950
imborne Rural District	1	Fordson 24 h.p.	2	Nil	—	—	Nil	—	—	Ferndown Victoria Garage	Sole	1934	—
imborne Urban District	1	Bedford 24 h.p.	3	Nil	—	—	Nil	—	—	Civic Centre	Sole	1937	1957

	Blanford.	Poole.	Portland U.D.	Sturminster R.D.	Swanage.	Wareham R.D.	Weymouth.	Wimborne U.D.	Wimborne R.D.
Arrangements for servicing and mainten- ance	Local garage	In Municipal Workshops	Council	Local garage	Local garage	Local garage	Local garage	Local garage	Local garage
Staff ...	See Page 12	See Page 12	See Page 12	See Page 12	See Page 12	See Page 12	See Page 12	See Page 12	See Page 12
No. of calls in 1946	107	3,003	160	98	180	140	1,074	112	239
Mileage in 1946	2,072	23,624	2,200	3,750	5,995	3,500	7,144	1,842	4,993

(ii) *Ambulances for Infectious Diseases.*

(A) <i>District served.</i>	(B) <i>Ambulances.</i>			(C) <i>Sitting- Case Cars.</i>	(D) <i>Other vehicles.</i>	(E) <i>Ambulance Stations.</i>	<i>Sole or Joint Control.</i>	<i>Condition of vehicle.</i>	
	No.	Type.	Stretcher Capacity.					<i>Age.</i>	<i>Replacement.</i>
Dorchester and District	1	Ford 14-h.p.	1	Nil	Nil	Isolation Hospital	Sole	1931	1956
Poole and East Dorset	1	Morris 26-h.p.	2	Nil	Nil	55, Parkstone Road	Sole	1931	1948
	1	Ford 16-h.p.	1	Nil	Nil	Ditto	Sole	1931	Now
Bridport and West Dorset	1	Ford 24-h.p.	2	Nil	Nil	Joint Hospital	Sole	1928	1950
Sherborne and North Dorset	1	Austin 18-h.p.	2	Nil	Nil	Yeovil Road Garage	Sole	1935	1955

	<i>Dorchester.</i>	<i>Poole.</i>	<i>Bridport.</i>	<i>Sherborne.</i>
F. Arrangements for servicing and maintenance ...	Local garage	See page 7	Local garage	Local garage
G. Staff	See page 12	See page 12	See page 12	See page 12
H. Number of calls in 1946	41	See page 7	149	31
I. Mileage in 1946	247	See page 7	1,575	1,218

(b) *Hospital Ambulances.*

(A) <i>District served.</i>	(B) <i>Ambulances.</i>			(C) <i>Sitting- Case Cars.</i>	(D) <i>Other Vehicles.</i>	(E) <i>Stationed at</i>	<i>Controlled by.</i>	<i>Condition of Vehicle.</i>	
	No.	Type	Stretcher Capacity.					<i>Age.</i>	<i>Replacem</i>
Dorchester and District ...	1	Ford 30-h.p.	4	Nil	Nil	Princes St. (Lent by Brewer)	Dorset County Hospital	?	Now. Canadian Ambulance now worn
Bridport and District ...	1	Austin 18-h.p.	2	Nil	Nil	Bonfields Garage	Bridport Hospital	1938	1958
Lyme Regis and District ...	1	Austin 18-h.p.	2	Nil	Nil	Cloverdale Garage, Charmouth Road	Lyme Regis Hospital	1935	Now

	<i>Dorchester.</i>	<i>Bridport.</i>	<i>Lyme Regis.</i>
F. Arrangements for servicing and maintenance ...	Local garage	Bonfields Garage	Local garage
G. Staff	See page 12	See page 12	See page 12
H. No. of calls in 1946	474	127	79
I. Mileage in 1946	8,507	1,781	1,956

(c) *Voluntary Organisations' Ambulances.*

(A) District served.	(B) Ambulances.		(C) Sitting- Case Cars.	(D) Other vehicles.	(E) Ambulance Stations.	Sole or Joint Control.	Condition of vehicle.	
	No.	Type.	Stretcher Capacity.				Age.	Replacement.
John Ambulance Brigade								
ester and District	1	Chevrolet 27-h.p.	1	Nil	Nil	Acland Road Garage	Sole	1941 1951
and District	1	Rolls Royce 25.3-h.p.	1	Nil	Nil	Hillcrest Road	Sole	1936 —
sbury and District	1	Bedford 27-h.p.	2	Nil	Nil	Bell Street Garage	Sole	1936 1956
outh (for White- is Torpedo works)	1	Ford 20-h.p.	1	Nil	Nil	Whiteheads Torpedo works (confined to factory premises)	Sole	1944 —
borne Ambulance Comm								
orne and District	1	Austin 18-h.p.	2	Nil	Nil	Saunders Garage, Digby Road	Sole	1936 1951
ish Red Cross Socie								
outh and District	1	Dodge 30-h.p.	2	Nil	Nil	Charmouth Lodge	Sole	1940 Now
... ...	1	—	—	Nil	Nil	Out of commission	Sole	— —
ingham Ambulance Comm								
ham and District	1	Morris 25-h.p.	2	Nil	Nil	Local garage	Sole	1934 Now

	Dorchester.	Poole.	Shaftesbury.	Weymouth (Whiteheads)	Sherborne.	Charmouth.	Gillingham.	Poole.
arrangements for servicing nd maintenance	Local garage	Local garages	Local garage	Local garages	Local garage	Local garage	Local garage	Local garage
ff	See page 12	See page 12	See page 12	See page 12	See page 12	See page 12	See page 12	B.R.C.S.
mber of calls in 1946 ...	54	Used for long distance work only	243	Confined to factory premises	180	Not known	56	Out of com- mission (more or less obsolete)
eague in 1946 ...	4,940	6,000 approx.	8,800	—	4,176	Estimated 2,213	3,000	—

2. Number of calls, mileage and payments.

Place.	No. of Calls.	Mileage.	Reimbursement to Voluntary Organisations or members thereof.
Lyme Regis	79	1,956	
Charmouth	—	2,213	
Bridport Joint Hospital ...	149	1,575	
Bridport Hospital	127	1,781	
Dorchester Borough	41	247	
Dorchester Hospital	474	8,507	
Dorchester S.J.A.B.	54	4,940	Loss of time paid by S.J.A.B.
Weymouth (2 vehicles) ...	1,074	7,144	
Weymouth S.J.A.B. (Whiteheads)	(Restricted to factory)		
Portland U.D.	160	2,200	
Wareham R.D.	140	3,500	£5 5s. 0d. per annum paid by Local Authority to S.J.A.B.
Swanage U.D.	180	5,995	
Poole Borough (5 vehicles) ...	3,003	23,624	
Poole S.J.A.B.	—	6,000	Loss of time paid by S.J.A.B.
Poole B.R.C.S.	(one vehicle off the road)		
Wimborne R.D.	239	4,993	
Wimborne U.D.	112	1,842	5/- per call paid by Council.
Blandford Borough	107	2,072	
Sturminster R.D.	98	3,750	
Shaftesbury S.J.A.B.	243	8,800	Loss of time paid by S.J.A.B.
Gillingham (Ambulance Committee)	56	3,000	Driver 4/- per hour. Attendant 10/- per journey.
Sherborne U.D.	31	1,218	
Sherborne (Ambulance Committee)	180	4,176	£10 per annum paid by Local Authority to Ambulance Committee.
Hospital Car Service	4,388	86,591	3d. per mile to drivers.

3. *Expenditure.*

Place.	Controlling Body.	No. of Vehicles.	Costs.			Total Cost.
			Admin.	Wages.	Running Expenses.	
Lyme Regis	Hospital ...	1	£ 30	—	£ 20	£ 50
Charmouth	B.R.C.S.	1	—	—	21	21
Bridport	Joint Hospital Board	1	—	—	—	34
	Hospital ...	1	—	28	64	92
Dorchester	Council ...	1	—	4	6	10
	Hospital ...	1	—	—	415	415
	S.J.A.B. ...	1	—	—	—	99
Weymouth	Council ...	2	Med. Dept.	1,220	484	1,704
	Whiteheads	1	(Restricted to factory)			
Portland	Council ...	1	42	—	69	111
Wareham	Council ...	1	115	45	40	200
Swanage	Council ...	1	28	246	71	345
Poole	Council ...	5	452	3,250	841	4,543
	S.J.A.B. ...	1	(long distance work only)			
	B.R.C.S.	2	(one is more or less obsolete so an ambulance is hired from Mr. Scott of Parkstone).			
Wimborne	R.D. Council	1	41	345	150	536
Wimborne	U.D. Council	1	—	52	169	221
Blandford	Council ...	1	9	67	81	157
Sturminster	Council ...	1	21	61	25	107
Shaftesbury	S.J.A.B. ...	1	—	92	92	184
Gillingham	B.R.C.S.	1	—	—	—	300
Sherborne	Council ...	1	—	—	313	313
	Ambulance Committee	1	—	50	183	233
Hospital Car Service	Joint Committee	195 Volunteers	80	—	1,082	1,162

It will be noted that in many cases no allowance appears to have been made for the eventual replacement of the vehicle and in a few cases provision does not appear to have been made for road tax and insurance.

4. Staff.

Place.		Full-time paid.	Part-time showing payment made for ambulance and other duties.	Voluntary part-time ambulance drivers and attendants available.
Lyme Regis	...	Nil	Nil	From Hospital
Bridport Hospital	...	Nil	1 x £4 15s. 0d.	From Hospital
Bridport Borough	...	Nil	2 from Garage	
Dorchester Hospital	...	Nil	1 x £4 14s. 0d.	From Hospital
Dorchester S.J.A.B.	...	Nil		
Portland U.D.C.	...	Nil	2 x 2s. hour + 15s. per week	From Council
Weymouth	...	2 x £4 14s. 0d.	1 x £4 14s. 0d.	From S.J.A.B.
Weymouth S.J.A.B.	...		1 x Nil	From Whiteheads
Sturminster	...	Nil	2 x 2s. call	
Blandford	...	Nil	2 x £1 week	Volunteer pool
Wareham	...	Nil	2 x 3s. call	From S.J.A.B.
Shaftesbury	...	Nil	5 x 1s. 6d. call	From S.J.A.B.
Gillingham	...	Nil	1 x 4s. hour	
Sherborne Ambulance	...	Nil	4 x 4s. hour	Volunteer pool
Sherborne U.D.C.	...	Nil	1 x £4 12s. 3½d.	Council
Wimborne U.D.C.	...	Nil	1 x £4 7s. 0d.	Volunteer pool
Wimborne and Cranborne R.D.C.		1 x £5 0s. 0d.	9 x 6s. hour	Volunteer pool
Poole Borough	...	9 x £6 4s. 6d. + Depot Supervisor		
Poole S.J.A.B.	...			
Poole B.R.C.S.	...			
Swanage	...	1 x £5 0s. 0d.	2s. 6d. per hour to stand-by drivers and attendants.	

5. Hospital Car Service.

	Wimborne	Shaftesbury	Sherborne	Dorchester	Bridport	Weymouth	Wareham	Poole	Totals
Number of Journeys (1946)	1,314	152	232	162	123	191	170	969	3,313
Mileage (1946) ...	28,303	7,745	5,638	6,170	6,570	4,097	8,640	19,427	86,591

N.B.—The total number of patients carried was 4,388.

NATIONAL HEALTH SERVICE ACT, 1946.

(Section 28).

PROPOSALS FOR THE PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

(As approved by the Minister of Health, 7th May, 1948).

Part I.

A. *Tuberculosis.*

(1) *General Outline of the Scheme.* The Dorset County Branch of the British Red Cross Society has already established an after-care organisation which can very suitably be used to meet the needs of tuberculous patients and their families. It is proposed, therefore, to ask the British Red Cross Society to assist the County Council by including the after-care of tuberculous patients in their arrangements and an annual grant will be paid to the Society for their help.

It is contemplated that the County Council's health visitors, and such medical specialists as may be employed by the County Council in connection with the preventive and care work, will take part in the after-care arrangements and help to integrate them.

A special feature of the scheme will be the establishment of a diversional therapy centre in Poole.

(2) *Care Committee Organisation.* The British Red Cross Society have established a County After-Care Committee and arrangements will be made for members and officers of the County Council's Health Committee to serve as members thereon. The District Medical Officers of Health, the health visitors, and medical specialists, will work closely with the Society's workers so that the needs of tuberculous patients in the areas concerned can be ascertained and met.

(3) *Functions of the Care and After-Care Organisation.* Broadly speaking, these functions would be as defined in paragraph 42 of Circular 118/47, and cannot be better expressed than in the words of the circular, "to help solve the special problems of the tuberculous household, and so to facilitate treatment by relieving anxiety, to safeguard the restored patient against relapse, and to preserve the health of the family which is exposed to special risk".

The day-to-day administration of the scheme would be carried out by the staff at the headquarters of the County Branch of the British Red Cross Society, and all patients coming within the scope of the scheme would be visited regularly by voluntary welfare workers, who will submit written reports of their work to the central office of the Society. As has already been stressed close co-operation will be maintained between the officers of the Society and of the County Council.

(4) *Return to Employment.* The return to employment of tuberculous patients will receive particular attention, and in this connection it is proposed to erect a suitable hut in Poole where patients can be given diversional therapy and be trained in woodwork and other crafts. It is hoped that the County Education Committee, by lending the services of suitable instructors, may be able to assist the Health Committee to make this scheme a success. Suitable patients will be helped to obtain the benefit of the arrangements made by the Ministry of Labour and National Service under the Disabled Persons (Employment) Act, where these are appropriate, and the working of the official scheme will be supplemented where necessary.

(5) *Integration with other parts of the National Health Service.* In Circular 118/47 it is urged that the medical specialists responsible for the treatment of tuberculosis under the National Health Service should be closely associated with the care and after-care arrangements, and that as they will be concerned both with diagnostic and curative work under the Regional Hospital Board, and with the preventive and care work under the Local Health Authority, there will be need for joint appointments on an agreed basis between the Regional Hospital Board and the Local Health Authority of medical officers engaged in both parts of the service. It is suggested, therefore, that the County Council will employ in a part-time capacity such medical specialists as may be dealing with the treatment of tuberculous patients in the County, subject to negotiations with the Regional Hospital Board.

It has already been proposed that the County Council's Health Visitors will play an important part in the care of tuberculous patients and their families in their homes, and it is hoped that a number of the health visitors—possibly not more than two as at present—will be able to spend part of their time at the dispensaries to which tuberculous out-patients and family contacts will be referred for examination and treatment.

It is obvious, also, that opportunity must be given to the District Medical Officers of Health, the Assistant County and School Medical Officers, General Practitioners, and the home nurses, to play an important part in the after-care organisation, as these officers, in the same way as the health visitors, will possess the essential personal knowledge about patients and their families on which the success of the after-care organisation will depend.

In general it may be said that the success of after-care work will depend on the co-operation of all the individuals and agencies involved in the diagnosis, treatment, and care of tuberculous patients.

B. *Mental Illness or Defectiveness.*

The County Council's proposals under Part V of the National Health Service Act have been dealt with separately. In so far as after-care is concerned the general procedure will be as follows:—

(1) The British Red Cross Society's after-care organisation will be prepared to assist by arranging home visits in suitable cases (not mental defectives). The help of other suitable voluntary organisations will be sought in connection with the care of mental defectives.

(2) The existing arrangements provided by the County Council for dealing with the care and after-care of mental defectives, carried out by two social workers specially employed for the purpose, by Assistant County Medical Officers, and by the health visitors, will be brought within the framework of the new scheme.

(3) Subject to agreement with the Regional Hospital Board consideration will be given to the part-time use of the services of any psychiatric social workers employed by the Board, for the purpose of advising on the home care of those suffering from mental illness.

C. Illness Generally.

(1) *After-care.* The British Red Cross Society's organisation is not limited to the after-care of tuberculous patients, and so far as possible the Society is ready to give assistance to any patients in need. The Council will seek to develop through this channel arrangements for affording all necessary care and after-care to persons discharged from hospital or other invalids, and will adopt whatever ways and means may be found possible to obtain systematically the requisite information about such persons, so, however, that the arrangements in this respect will be such as will lie outside the scope of the hospital and specialist services and of the provisions of Part III of the National Assistance Act.

(2) *Prevention of Illness.* It is hoped that with the inauguration of the National Health Service the medical officers employed by the County Council and by the District Councils will be able to give more attention to the control of infectious disease by organised epidemiological investigation. In this connection, it is assumed that the advice and assistance of the bacteriologists employed in what is at present the County Council's laboratory in Dorchester will continue to be available.

Apart from the control of infectious disease the County Council will encourage their medical officers to make investigations into any matters which have a bearing on the incidence of illness or the avoidance of ill health.

(3) *Health Education.* Particular attention will be paid to this subject, and the assistance of the Central Council for Health Education will continue to be sought as in the past with the organisation of health education campaigns and exhibitions. Every opportunity will be taken to apply the science of social medicine to the study of all factors relating to and affecting the positive health and well-being of the individual, and to the development of a social service which will assist all persons, especially those who are mentally or physically handicapped, to adapt themselves to the best advantage within the framework of the community.

(4) *Venereal Disease.* So far as the Council may be concerned to make arrangements for the follow-up of persons under treatment for, or known, or believed to be suffering from, venereal disease, those arrangements will be carried out in co-operation with the Medical Officers of V.D. treatment centres under the Regional Hospital Board.

D. Provision of Nursing Equipment and Comforts.

These are at present loaned or hired to patients, either from the loan depots established in various parts of the County by the St. John Ambulance Brigade and the British Red Cross Society, or from the "loan cupboards" of the District Nursing Associations. It does not seem necessary at present to make any further provision.

Part II.

Cost.

(a) *Tuberculosis care and after-care scheme.*

	£	£
Grant to British Red Cross Society	...	250
Loan charges on occupational therapy hut	...	60
Purchase of equipment and materials	...	100
Grants to professional instructors	...	100
Travelling expenses of voluntary after-care workers	...	150
Part salary of medical specialists	...	500
		1,160

(b) *Illness Generally.*

Mental Illness or	Proportion of salaries and travelling expenses of medical officers	...	500
Defectiveness	Proportion of salaries and travelling expenses of psychiatric social workers	...	250
			750
Grant to Central Council for Health Education and other expenses on campaigns and exhibitions			250
Equipment for loan to patients	...	100	100
			£2,260

NATIONAL HEALTH SERVICE ACT, 1946.

(Section 29).

PROPOSALS FOR A DOMESTIC HELP SERVICE.

(As approved by the Minister of Health, 3rd June, 1948).

Part I.

1. Statistical data.

Area in square miles of Local Health Authority	...	...	...	...	...	...	...	...	973.19
Total mid-1946 population	...	...	...	...	...	...	...	...	258,090

2. Existing service.

The only areas in the County where arrangements exist at present for domestic or home helps are the Municipal Borough of Poole (population 76,330) and the Urban District of Portland (population 7,807).

The Municipal Borough of Weymouth (population 33,920) has a scheme in prospect, but final details will not be available until the scheme has been passed by the Borough Council.

A brief description of these arrangements is as follows:—

(1) Municipal Borough of Poole.

No comprehensive scheme exists in this Municipal Borough, but for some years past the Borough Welfare Officer has maintained a register of enrolled persons who are able and willing to undertake duties as domestic or home helps.

In the event of application being made by a patient for assistance, the Welfare Officer personally communicates with the appropriate persons on the register, who live in the neighbourhood, and arranges for them to get in touch with the patient, who is responsible for paying the helper, for her services, as a private arrangement between them.

Where a patient cannot pay for the services of a helper—either wholly or in part—application for financial assistance is made to the Borough Council which assesses the contribution to be made by the patient, according to the same scale as is used by the Maternity and Child Welfare Committee under existing schemes. No particular forms of application are used in this connection.

The number of persons registered as willing to give assistance under this scheme varies from time to time, the average number being fifteen and twenty. Propaganda through the press has had very little response, the number of persons on the register being maintained almost entirely through the efforts of the Welfare Officer by means of personal approach to individuals likely to allow their names to be brought forward for enrolment. No helps are retained on a permanent basis. The remuneration paid is at the rate of 1/6d. per hour but it is likely that this will be increased to 1/9d. per hour in the near future.

(2) Municipal Borough of Weymouth.

As mentioned above, no definite scheme has as yet been adopted by this Borough, but tentative proposals have been made with a view to a scheme being prepared for submission to the Borough Council. It is understood that these proposals will include the appointment of an Organiser.

(3) Urban District of Portland.

A whole-time service has been established and brief particulars are given below:—

(a) The type of case for which a domestic help will be supplied is normally:—

(i) Where the housewife falls sick or must have an operation.

(ii) Where the housewife is suddenly called away from home to visit her husband in hospital and arrangements have to be made to look after the children.

(iii) Elderly people who are infirm or one of whom suddenly falls ill.

(iv) Where several members of the household are ill at the same time and domestic help is needed.

(v) Such other similar cases as the Council or appropriate Committee may consider to be in need of domestic help. (Maternity cases are excluded from the scheme).

(b) The domestic help will not commence work until instructed by the appropriate officer on behalf of the Council, and then not until she has first received from the applicant the contribution determined by the Council to be paid by the applicant towards the cost of the service.

(c) The scale of contributions laid down by the Urban District Council in connection with the domestic help service is as follows:—

For a whole-time domestic help (i.e. for a week of 42 hours) :-

- (i) No charge to be made where the income of the household is £3 per week or less.
- (ii) The £3 per week to which reference is made above to be increased by 7/6. for each child in excess of two.
- (iii) Of the remaining income the contribution to be one-fourth of the first £3 per week—after this total cash to be paid i.e., 1/6d. per hour.
- (iv) Special consideration to be given to exceptional cases.

Three persons are employed on whole-time basis at £3 per week for a forty-two hour week. They also receive bus fares in respect of their travelling.

Part II.

Description of the Service which will operate on the appointed day.

General Administrative Arrangements.

With the exception of the Boroughs of Poole and Weymouth, and the Urban District of Portland, no scheme for domestic or home helps exists elsewhere in the County, which is chiefly rural in character.

The question of inaugurating a scheme as from the appointed day has been discussed with the voluntary organisations, including the Women's Voluntary Service, which would ordinarily be expected to co-operate in such work, and the concensus of opinion is that it would be difficult and uneconomic to attempt to organise a scheme for the County as a whole at this juncture.

It is proposed, therefore, that on the appointed day the schemes in Poole and Portland will continue to function on existing lines.

As regards the scheme under consideration for Weymouth, if it comes into being before the appointed day it will be included in the general framework of the County Council's responsibility under this section. It is suggested in regard to the proposed whole-time organiser that, providing it did not interfere with the efficiency of the Weymouth scheme, the County Council might consider extending the area over which the organiser would be responsible.

In the Borough of Poole and in the Weymouth-Portland district the domestic help scheme will be administered by the two area sub-committees which have already been mentioned in the proposals submitted under Section 22 of the Act, and the executive officers would be the respective Medical Officers of Health acting as the agents of the County Medical Officer.

Part III.

Development Plan.

In view of the difficulty of organising a domestic help scheme in a predominantly rural area, the extension of existing schemes to cover the County as a whole could only be considered as a practical policy if the Health Committee were reasonably sure that there were women available who would undertake this work. At present it is considered that there are insufficient numbers of women willing to undertake domestic work.

Scope for possible development should exist in the comparatively built-up areas outside the Borough of Poole, and in Dorchester. The services of the Poole and Weymouth organisers may be available to extend the service in these two districts, but it is difficult to see how two officers could organise this service over the whole County. Should it be felt, however, that in the future a more general service is warranted additional proposals will be submitted.

NATIONAL HEALTH SERVICE ACT, 1946.

(Section 51).

Proposals for carrying out duties under the Lunacy and Mental Treatment Acts, 1890 to 1930, and the Mental Deficiency Acts, 1913 to 1938.

(As approved by the Minister of Health, 31st March, 1948).

Part I.

Statistical data.

Population of the area	...	...	...	...	...	...	258,090
Number of patients at present chargeable to the Local Authority under the Lunacy and Mental Treatment Acts	...	...	...	Voluntary patients	...	...	80
				Temporary patients	...	...	2
				Certified patients	...	...	662
Number of patients dealt with under those Acts by the Relieving Officers during the year 1946	...	...	...		...	...	140
Number of defectives ascertained as subject to be dealt with under the Mental Deficiency Acts during the year 1946	...	...	...		...	...	30
Number of persons reported to the Local Authority as mentally defective in that year	...	...	...		...	...	26

Part II.

Proposals.

(A) General.

(1) Mental Illness.

The duties which have been cast upon the County Council hitherto have included the making of arrangements under Sections 14 to 16 of the Lunacy Act, 1890, for the certification of persons of unsound mind as covered by those Sections, and of their removal to the County Mental Hospital when necessary.

Other duties of providing accommodation for persons of unsound mind and of appointing a Visiting Committee to the Institution will cease on "the appointed day" under the National Health Service Act which, as at present announced, is the 5th July, 1948.

The procedure leading to certification or otherwise has been for the relieving officer on receiving information from any source that a person in his area is believed to be of unsound mind, to take the steps required by the said Sections and to carry out the removal to the County Mental Hospital in appropriate cases.

Sections 14 and 15 of the Lunacy Act have been repealed by and substantially re-enacted in a new Section 14, which casts upon a "duly authorised officer" the duty of taking the necessary procedure for certification.

Section 20 of the Lunacy Act (as amended) empowers a constable or relieving officer to remove a person believed to be of unsound mind to a poor law institution for his own or the public safety, if necessary, before certification. This power to remove to a poor law institution will cease on "the appointed day".

The number of relieving officers engaged on the foregoing duties under legislation in force is 19, but on and after "the appointed day" it is proposed that 2 duly authorised officers of the salary grade of A.P.T. V in the salary scales applicable to officers of the County Council shall be appointed in place of the relieving officers and centred on Dorchester and whose duty it will be to proceed to any part of the County immediately on being called upon to do so by the County Medical Officer of Health, local medical practitioner, constable or other person and to take the steps laid down by statute, and to remove any person of unsound mind to the County Mental Hospital or such other hospital, where necessary, as the Regional Hospital Board may direct.

All district medical officers, medical practitioners and constables (through the Chief Constable) will be notified of the names, office addresses and places of residence of the duly authorised officers.

Where it becomes necessary to remove a person for his own safety or for the safety of others before certification, the duly authorised officer or a constable will be required to convey that person to the nearest hospital vested in the Minister.

The duly authorised officers will act for the purposes of the Lunacy Act, 1890, the Mental Treatment Act, 1930, and the National Health Service Act, 1946, and will attend such training courses in Mental Health duties as may subsequently be arranged.

(2) Mental Deficiency.

Under the Mental Deficiency Act, 1913, the County Council duly constituted a committee for the purposes of the Act for the care of the mentally defective, and delegated to it all the powers and duties under that Act (as subsequently amended), except the power of raising a rate or borrowing money. On and after "the appointed day" this committee will cease to function, when the mental deficiency service becomes one for the Health Committee of the County Council to deal with under its general health duties.

Under the National Health Service Act, the duty of providing accommodation for the mentally defective, hitherto one for the County Council, will pass to the Minister.

The changes brought about by the new Act are, so far as mental deficiency is concerned, changes of form rather than of substance, and along with the abolition of the duty to provide accommodation, is that of requiring parents and guardians to contribute towards the patient's maintenance, otherwise the Mental Deficiency Acts remain in force.

(3) *Organisation and Control.*

With the abolition of the Committee of Visitors of the County Mental Hospital and of the Committee appointed under Section 28 of the Mental Deficiency Act, 1913, it is proposed that the responsibility for organisation and control shall be placed in the hands of the Clerk of the County Council, and that the County Medical Officer shall be responsible for the medical direction of the service.

The County Council is asked to delegate its powers and duties under the Lunacy and Mental Treatment Acts and the Mental Deficiency Acts direct to the new sub-committee of the Health Committee, which has been appointed and known as "The Mental Health Sub-Committee".

The existing arrangements provided by the County Council for dealing with the care and after-care of mental defectives, carried out by two social workers specially employed for the purpose, by Assistant County Medical Officers, and by the Health Visitors, will be brought within the framework of the new scheme.

Subject to agreement with the Regional Hospital Board, consideration will be given to the part-time use of the services of the duly authorised officers and of any psychiatric social workers employed by the Board, for the purpose of advising on the home care of those suffering from mental illness.

The County Council has provided an Occupation Centre under a Supervisor and other staff for the training of defectives who live at home. This was formerly provided by a voluntary body subsidised by the County Council.

(B) *Medical.*

The County Medical Officer of Health, the Medical Officers of Health of the Boroughs of Poole and Weymouth, and eleven Assistant Medical Officers, will be employed part-time in the service and, where necessary, the joint user of a specialist medical officer of the Regional Hospital Board will be arranged.

(C) *Non-Medical.*

The number and status of non-medical persons to be employed on the foregoing duties are as follows:—

Part-time	(1) <i>Mental Illness.</i> A member of the County Council's legal staff, the present Public Assistance Officer, Committee Clerk and two duly authorised officers. The British Red Cross Society's after-care organisation.
Whole-time	(2) <i>Mental Deficiency.</i> A member of the County Council's legal staff, the Health Visitors and such number of additional officers for the supervision of mental defectives on licence from institutions as may be found necessary after consultation with the Institutions Management Committees.
	One Head Mental Deficiency Worker, one Administrative Assistant, two Welfare Officers, two Clerks on the Clerical Grade as applicable to County Councils, two Clerks on the General Grade.
	Supervisor of Occupational Centre. Four other staff of Centre.

With the exception of those working at the Occupation Centre at Poole, all other staff will operate from Dorchester.

(D) *Ambulances.*

The County Council's Ambulance Service will be available for this Service.